

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004703

FILED
Feb 19, 2007
Secretary of State

Entity Name: PATIO HOMES MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

2180 WESR SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Current Mailing Address:

2180 WESR SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

FEI Number: 65-0453977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, ANNA
4400 EL CONQUISTADOR PKWY.
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES W HART JR

02/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: FINELLI, NEAL
Address: 1110 BELLE MEADE CT.
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: SIEMASZKO, ED
Address: 11113 BELLE MEADE CT.
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: SCOTT, ROGER
Address: 11202 LONGWOD CT.
City-St-Zip: BRADENTON, FL 34209

Title: PDT (X) Delete
Name: DOMME, ROGER
Address: 11103 BELLE MERLE CT
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Delete
Name: LAMASTIO, SUE
Address: 11111 BEALE MEADE CT
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOMME, ROGER
Address: 11103 BELLE MEADE CT
City-St-Zip: BRADENTON, FL 34209

Title: VPD (X) Change () Addition
Name: SIEMASZKO, EDWARD
Address: 11113 BELLE MEADE CT
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Change () Addition
Name: LAMASTRO, SUE
Address: 11111 BELLE MEADE CT
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER DOMME

PD

02/19/2007

Electronic Signature of Signing Officer or Director

Date