

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004525

FILED
Apr 22, 2009
Secretary of State

Entity Name: SUNCREST VILLAS PHASE 2 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3403774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMANO, FRANK
Address: 10503 CASPAR COURT
City-St-Zip: ORLANDO, FL 32817

Title: VPD () Delete
Name: ASTACIO, CAROLINA
Address: 10622 SUN VILLA BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: MITJANS, JACQUELINE
Address: 4141 PACIFICA DRIVE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CURLEY, MICHAEL D
Address: 10509 CASPAR COURT
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change () Addition
Name: MCKINNEY, MARY
Address: 10437 SUN VILLA BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Change () Addition
Name: BOYCE, CHERI
Address: 10526 SUN VILLA BLVD
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL D CURLEY

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date