

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005084

FILED
Mar 16, 2009
Secretary of State

Entity Name: PRIMA VERA COVE HOMEOWNER ASSOCIATION, INC.

Current Principal Place of Business:

353 PRIMA VERA COVE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

353 PRIMA VERA COVE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3327796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, SHARON
353 PRIMA VERA COVE
ALTAMONTE SPRINGS, FL 32714 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: DP () Delete
Name: ROGERS, SHARON
Address: 353 PRIMA VERA COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV () Delete
Name: BYRNES, DAVID
Address: 352 PRIMA VERA COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: AUERBACH, DEBORAH
Address: 355 PRIMA VERA COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: SHARON ROGERS

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date