

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005084

**FILED**  
**Feb 16, 2010**  
**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:**

ROGERS, SHARON D PRES  
353 PRIMA VERA COVE  
ALTAMONTE SPRINGS, FL 32714 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:** SHARON D. ROGERS

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ROGERS, SHARON  
**Address:** 353 PRIMA VERA COVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SHARON D. ROGERS

PRES

02/16/2010

Electronic Signature of Signing Officer or Director

Date