# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# N94000005151

**Entity Name:** ALICO ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6710 EMBASSY BOULEVARD
SUITE 204
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

6710 EMBASSY BOULEVARD
SUITE 206
PORT RICHEY, FL 34668 US

**Current Mailing Address:**

P.O. BOX 1407
PORT RICHEY, FL 34673 US

**New Mailing Address:**

6710 EMBASSY BOULEVARD
SUITE 206
PORT RICHEY, FL 34668 US

**FEI Number: 59-3294982** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYSZKOWIAK, MARY ANN
6710 EMBASSY BOULEVARD
SUITE 204
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

MYSZKOWIAK, MARY ANN
6710 EMBASSY BOULEVARD
SUITE 206
PORT RICHEY, FL 34668 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: _____ 04/06/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HILL, STEVEN
Address: 9106 CALLE ALTA
City-St-Zip: NEW PORT RICHEY, FL 34668

Title: STD ( ) Delete
Name: THOMAS, KEVIN
Address: 9212 CALLE ALTA
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HILL, STEVEN
Address: 6710 EMBASSY BLVD. SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

Title: STD (X) Change ( ) Addition
Name: THOMAS, KEVIN
Address: 6710 EMBASSY BLVD. SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

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: MARYANN MYSZKOWIAK AGEN 04/06/2009
Electronic Signature of Signing Officer or Director — Date