

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001551

FILED
Apr 27, 2009
Secretary of State

Entity Name: SENECA BEND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

55 OAK BEND CT
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

55 OAK BEND CT
OVIEDO, FL 32765 US

New Mailing Address:

PO BOX 623431
OVIEDO, FL 32762-343 US

FEI Number: 59-3306289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSIE, LEE
55 OAK BEND CT
OVIEDO, FL 32765 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: MASSIE, JEFFERSON
Address: 55 OAK BEND CT
City-St-Zip: OVIEDO, FL 32765

Title: DVP () Delete
Name: WILEY, RENEE
Address: 30 OAK BEND COURT
City-St-Zip: OVIEDO, FL 32765

Title: DT () Delete
Name: DEEGAN, JOHN
Address: 145 OAK BEND COURT
City-St-Zip: OVIEDO, FL 32765

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: JOHN DEEGAN

DT

04/27/2009

Electronic Signature of Signing Officer or Director

Date