2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N95000005904

Entity Name: MAR-A-LAGO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

MAR-A-LOGO BLVD.
SEAGROVE BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

C/O GINA WELLER, TREASURER
PO BOX 676
ALPHARETTA, FL 30009 US

New Mailing Address:

MAR A LAGO
PO BOX 4762
SANTA ROSA BEACH, FL 32459 US

FEI Number: 62-1636364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, WILLIAM H
664 BALDWIN AVE.
DEFUNIAK SPRINGS, FL 32433 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: GRAFFEO, NICK
Address: 212 ALPINE CIRCLE
City-St-Zip: BIRMINGHAM, AL 35216

Title: S ( ) Delete
Name: BRADY, MARK
Address: 4 MAR A LAGO BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD ( ) Delete
Name: WELLER, GINA
Address: 485 DORRIS RD
City-St-Zip: ALPHARETTA, GA 30004

Title: MAL ( ) Delete
Name: TRUJILLO, PAT
Address: 342 S. BONITA AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MAL ( ) Delete
Name: KEUCHEL, ED
Address: 812 PIEDMONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRADY, MARK
Address: 4 MARA LAGO BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

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

Title: S (X) Change ( ) Addition
Name: KEUCHEL, ED
Address: 812 PIEDMONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: ALAN BRUNI MGR 04/05/2009

Electronic Signature of Signing Officer or Director Date