

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004040

FILED
Feb 19, 2009
Secretary of State

Entity Name: DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 500
LONGWOOD, FL 32779 US

New Principal Place of Business:

1801 COOK AVE
ORLANDO, FL 32806 US

Current Mailing Address:

2180 WEST SR 434 SUITE 500
LONGWOOD, FL 32779 US

New Mailing Address:

1801 COOK AVE
ORLANDO, FL 32806 US

FEI Number: 59-3427943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806 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: STEVEN D. ASHER

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BROWN, MICHAEL
Address: 1315 DANIELS COVE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: TORRES, MIGUEL
Address: 661 DHARMA CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: CANNADAY, LYLE
Address: 562 KARMA AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD () Delete
Name: TERRUSA, DEBBIE
Address: 457 DANIELS POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: ALLADIN, SAM
Address: 2606 HARTWOOD PINES WAY
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TERRUSA, DEBBIE
Address: 457 DANIELS POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

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

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

Title: SD (X) Change () Addition
Name: ROLLINS, STEPHANIE
Address: 644 DHARMA CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

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: TASHA TORRES

LCAM

02/19/2009

Electronic Signature of Signing Officer or Director

Date