

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004693

FILED
Apr 10, 2009
Secretary of State

Entity Name: HOMEOWNERS OF LAS VERDES, INC.

Current Principal Place of Business:

1388 LAS VERDES PL
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1354
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 80-0026552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEN ARCHER
1388 LAS VERDES PLACE
TITUSVILLE, FL 32780 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: P () Delete
Name: BERTOT, EDDIE
Address: 1394 LAS VERDES CT
City-St-Zip: TITUSVILLE, FL 32780

Title: V () Delete
Name: MCMILLAN, BILLY
Address: 1412 LAS VERDES PL
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: ARCHER, GLEN
Address: 1388 LAS VERDES PL
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: GRIMM, MARGARET
Address: 1398 LAS VERDES CT
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: BROWN, FANNY
Address: 1402 LAS VERDES PL
City-St-Zip: TITUSVILLE, FL 32780

Title: SEC () Delete
Name: PUZIO, ALTHEA
Address: 1400 LAS VERDES CT
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RYAN, SUSANNE
Address: 1406 LAS VERDES CT
City-St-Zip: TITUSVILLE, FL 32780

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

Title: () Change () Addition
Name:
Address:
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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: SUSANNE RYAN

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date