2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N97000000343

Entity Name: ALDEN PINES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14221 CLUBHOUSE DR
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

14221 CLUBHOUSE DR
BOKEELIA, FL 33922 US

New Mailing Address:

FEI Number: 65-0655358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, BILL
14221 CLUBHOUSE DRIVE
BOKEELIA, FL 33922 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:	D	( ) Delete
Name:	NELSON, LAURA	
Address:	7791 GRANDE PINE RD	
City-St-Zip:	BOKEELIA, FL 33922	
Title:	P	( ) Delete
Name:	DAVIS, BILL	
Address:	14221 CLUBHOUSE DR	
City-St-Zip:	BOKEELIA, FL 33922	
Title:	D	( ) Delete
Name:	GENTRY, DICK	
Address:	14318 CLUBHOUSE DRIVE	
City-St-Zip:	BOKEELIA, FL 33922	
Title:	D	( ) Delete
Name:	NAVIA, MAX	
Address:	7747 GRANDE PINE RD	
City-St-Zip:	BOKEELIA, FL 33922	
Title:	DS	( ) Delete
Name:	SANDERS, MITZI	
Address:	14271 SANDA RAC DRIVE	
City-St-Zip:	BOKEELIA, FL 33922	
Title:	T	( ) Delete
Name:	NAVIA, MARY	
Address:	7747 GRANDE PINE RD	
City-St-Zip:	BOKEELIA, FL 33927	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FOX, JAMES	
Address:	14283 SANDARAC DR	
City-St-Zip:	BOKEELIA, FL 33922	
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: BILL DAVIS DP 03/15/2009

Electronic Signature of Signing Officer or Director — Date