

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N97000001075

Entity Name: HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTRY CLUB, INC.

Current Principal Place of Business:

2692 NE HWY 40
LOT 18
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

2692 NE HWY 40
LOT 18
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-3435745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, JAMES
2692 NE HWY 70
LOT 15
ARCADIA, FL 34266 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: VINCENT, DANIEL
Address: 2692 NE HWY. 70 LOT 481
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: RAIGLOW, JACK C
Address: 2692 NE HWY. 70 LOT 750
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: MCMAHON, LOIS
Address: 2692 NE HWY 70 LOT 785
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: BARRETT, BARBARA
Address: 2692 NE HWY 70 LOT 485
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: BARKLEY, GENE
Address: 2692 NE HWY 70 LOT 537
City-St-Zip: ARCADIA, FL 34266

Title: P () Delete
Name: GALLAGHER, JAMES
Address: 2692 NE HWY. 70 LOT 15
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARREN, SAMMI
Address: 2692 NE HWY. 70 LOT 746
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change () Addition
Name: CRAIGLOW, JACK C
Address: 2692 NE HWY. 70 LOT 750
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change () Addition
Name: WHITAKER, JOHN
Address: 2692 NE HWY 70 LOT 777
City-St-Zip: ARCADIA, FL 34266

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: JAMES GALLAGHER

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date