2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N97000005207

Entity Name: NEW VARSHANA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

20415 NW 113TH WAY
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1795
ALACHUA, FL 326161795

New Mailing Address:

20415 NW 113TH WAY
ALACHUA, FL 32615

FEI Number: 59-3491702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOY, JEFFREY T
20415 N.W. 113TH WAY
ALACHUA, FL 32615 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: RA ( ) Delete
Name: MOY, JEFFREY T
Address: 20415 N.W. 113TH WAY
City-St-Zip: ALACHUA, FL 32615

Title: PD ( ) Delete
Name: MOY, JEFFREY T
Address: P.O. BOX 1795
City-St-Zip: ALACHUA, FL 32616

Title: TD ( ) Delete
Name: ALLIN, TOM
Address: 20207 N.W. 113TH WAY
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: SYER, SERENE
Address: 20109 N.W. 113TH WAY
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: ALLIN, TOM
Address: 20207 N.W. 113TH WAY
City-St-Zip: ALACHUA, FL 32615

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

Title: T ( ) Change (X) Addition
Name: GOVINDA, STEVE
Address: 20403 NW 113TH WAY
City-St-Zip: ALACHUA, FL 32615

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: JEFFREY MOY PD 04/18/2009
Electronic Signature of Signing Officer or Director — Date