

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003386

FILED
Apr 10, 2009
Secretary of State

Entity Name: POLK COUNTY-SANTA CRUZ HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3518981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: PD () Delete
Name: ALLEN, PETER
Address: 5382 SOUTHWEST 84 PLACE
City-St-Zip: OCALA, FL 34476 US

Title: VPD () Delete
Name: CLEMENTS, MIKE
Address: 302 RONA LANE
City-St-Zip: DAVENPORT, FL 33897 US

Title: TD () Delete
Name: ARCE, MARILYS
Address: 5617 ROUNDTREE DRIVE
City-St-Zip: WOODBRIDGE, VA 22193 US

Title: SD () Delete
Name: SUGGETT, RICHARD
Address: 520 RENA DRIVE
City-St-Zip: DAVENPORT, FL 33897 US

Title: D () Delete
Name: WELLS, SAMUEL
Address: 724 RENA DR.
City-St-Zip: DAVENPORT, FL 33897 US

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

Title: SD (X) Change () Addition
Name: TENNANT, BARRY
Address: 704 RENA LANE
City-St-Zip: DAVENPORT, FL 33897 US

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

Title: D () Change (X) Addition
Name: MADAY, JEFF
Address: 224 RONA LANE
City-St-Zip: DAVENPORT, FL 33897 US

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: PETER ALLEN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date