

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 12, 2011
Secretary of State

DOCUMENT# N98000003386

Entity Name: POLK COUNTY-SANTA CRUZ HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5104 KIRKMAN ROAD
STE 310
ORLANDO, FL 32819 US**New Principal Place of Business:**4902 EISENHOWER BLVD
STE 216
TAMPA, FL 33634 US**Current Mailing Address:**5104 KIRKMAN ROAD
STE 310
ORLANDO, FL 32819 US**New Mailing Address:**P.O. BOX 803555
DALLAS, TX 75380 US**FEI Number:** 59-3518981**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REALMANAGE, LLC
5104 KIRKMAN ROAD
STE 310
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**REALMANAGE, LLC
4902 EISENHOWER BLVD
SUITE 216
TAMP, FL 33634 US

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:

04/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ALLEN, PETER
Address: 407 SONJA CIRCLE
City-St-Zip: DAVENPORT, FL 33897 US

Title: VPD
Name: CLEMENTS, MIKE
Address: 306 RONA LANE
City-St-Zip: DAVENPORT, FL 33897 US

Title: TD
Name: ARCE, MARILYS
Address: 235 RONA LANE
City-St-Zip: DAVENPORT, FL 33897 US

Title: SD
Name: TENNANT, BARRY
Address: 704 RENA DRIVE
City-St-Zip: ORLANDO, FL 33897 US

Title: D
Name: BENDER, RYAN
Address: 205 RONA LANE
City-St-Zip: DAVENPORT, FL 33897 US

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA MONTSINGER

LCAM

04/12/2011

Electronic Signature of Signing Officer or Director

Date