2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # N98000006538 1. Entity Name 02-02-2005 90065 016 ****61.25 ALTO ACRES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4030 ALADAR CT. TAMPA FL 33688-1150 4030 ALADAR CT. TAMPA FL 33688-1150 **500000000** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-3569937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEATHER GUIDA CULLARO, JOHN J Street Address (P.O. Box Number is Not Acceptable) 12506 CLENDENNING DR. TAMPA FL 33618 4047 Aladae Ct Zip Code 34639 8. 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. I am familiar with, and accept the obligations of registered agent. 1-26-05 DATE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Addition TITL F TITLE Sec I Chairwoman ☐ Change CULLARO, JOHN J NAME NAME Iteather Guida 4047 Aladac Ct 12506 CLENDENNING DR. STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP LAND O' LAKES, FI MILE Delete TITLE ☐ Change Addition Chairwoman CULLARO, LISA NAME NAME HELENE Coutu HELENE COUTU HOSO AIAMAR CH LAND O LAKES, FI 3206 BELMORE RD. STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CITY-ST-7IP CITY-ST-ZIP Mang. Director Spring Hill Elaine Jimenez bandon a Detete TITLE Addition TITLE CULLARO, JOHN JA T NAME NAME 2822 SAFE HARBOR DR. STREET ADDRESS STREET ADDRESS 13914 US HWY 41 TAMPA FL 33614 CITY-ST-ZIP CITY-ST-ZIP 31610 TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY+ST+ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplication and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Helone Couty

FILED

1-26-05 (813)-996-0841