2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N99000000759

Entity Name: LAVITA VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

538 VIA DEL ORO DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

538 VIA DEL ORO DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3613843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEHNIA, PEDRAM
534 VIA DEL ORO DR
ALTAMONTE SPRINGS, FL 32714 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: T ( ) Delete
Name: HIGGINS, BERNICE M
Address: 538 VIA DEL ORO DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P ( ) Delete
Name: BEHNIA, PEDRAM
Address: 534 VIA DEL ORO DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: SIMONS, BARBARA
Address: 525 VIA DEL ORO DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DIR ( ) Change (X) Addition
Name: GOODWIN, HAROLD
Address: 517 VIA DEL ORO DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: BERNICE M. HIGGINS, TREASURER TREA 01/13/2009
Electronic Signature of Signing Officer or Director — Date