

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003229

FILED
Apr 07, 2009
Secretary of State

Entity Name: LAVENTANA AT WILLOW POND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3580799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: MARKOWITZ, SHERMAN
Address: 728 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

Title: SD () Delete
Name: MARTINEZ, DANIEL
Address: 1033 RAINING MEADOWS LN
City-St-Zip: ORLANDO, FL 32824

Title: TD () Delete
Name: VALENTINE, TERESA
Address: 14000 FAIRWINDS CT
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: VELEZ, RUEBEN
Address: 744 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

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: PD (X) Change () Addition
Name: GONZALEZ, FERNANDO
Address: 757 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

Title: D () Change (X) Addition
Name: TAYLOR, DOUGLAS
Address: 847 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

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: FERNANDO GONZALEZ

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date