

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706002

FILED
Apr 21, 2009
Secretary of State

Entity Name: SUNLAND APARTMENTS, INC. NUMBER TWO

Current Principal Place of Business:

3850 NE 21ST WAY
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

3850 NE 21 WAY
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 59-1087722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SLIKER, HOWARD
3860 NE 21 WAY #35
LIGHTHOUSE POINT, FL 33064 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: JAMIE BLUM

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: O'DONNELL, SHANNON
Address: 3860 NE 21ST WAY #5
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S () Delete
Name: JULIUS, KAREN
Address: 3851 NE 21ST AVE #13
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: P () Delete
Name: SLIKER, HOWARD
Address: 3860 NE 21 WAY #35
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: BIVIALNO, PATRICIA
Address: 380 NE 21 WAY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T () Delete
Name: ALTMAN, HELEN
Address: 801 S FEDERAL HWY #420
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Change (X) Addition
Name: CHEKINA, IRENA
Address: 2850 NE 21 WAY #7
City-St-Zip: LIGHTHOUSE POINT, FL 33074

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

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

Title: VP (X) Change () Addition
Name: BIVIALNO, PATRICIA
Address: 2850 NE 21 WAY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D (X) Change () Addition
Name: ALTMAN, HELEN
Address: 801 S FEDERAL HWY #420
City-St-Zip: POMPANO BEACH, FL 33062

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: JAMIE BLUM

PM

04/21/2009

Electronic Signature of Signing Officer or Director

Date