

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738676

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE 221 NORTH CAUSEWAY ASSOCIATION, INC.

Current Principal Place of Business:

221 N CAUSEWAY
NEW SMYRNA BCH, FL 321695239 US

New Principal Place of Business:

Current Mailing Address:

221 N CAUSEWAY
NEW SMYRNA BCH, FL 321695239 US

New Mailing Address:

FEI Number: 59-1757455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, WILLIAM L. JR.
221 N CAUSEWAY
NEW SMYRNA BCH, FL US

Name and Address of New Registered Agent:

ROSS, WILLIAM L. JR.
221 N CAUSEWAY
NEW SMYRNA BCH, FL 32169 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: WILLIAM L. ROSS, JR.

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SPENCE, HAL,
Address: 1104 N PENINSULA
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: ROSS, WILLIAM, JR,
Address: 636 N RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BCH, FL 00000, 32168

Title: S () Delete
Name: BLANDI, SUZANNE
Address: 5221 S. ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: SUNDVALL, LISA
Address: 6 HILLSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: HARRIS, KATHY
Address: 4504 DORIS DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BLANDI, SUZANNE
Address: 921 CLUBHOUSE BOULEVARD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

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: WILLIAM L. ROSS, JR.

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date