

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844077

FILED
Jan 12, 2009
Secretary of State

Entity Name: HMG/COURTLAND PROPERTIES, INC.

Current Principal Place of Business:

1870 S BAYSHORE DRIVE
COCONUT GROVE, FL 331335309 US

New Principal Place of Business:

Current Mailing Address:

1870 S BAYSHORE DRIVE
COCONUT GROVE, FL 331335309 US

New Mailing Address:

FEI Number: 59-1914299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WIENER, MAURICE
Address: 1870 S BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133

Title: DPS () Delete
Name: ROTHSTEIN, LAWRENCE
Address: 1870 S BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: STUNTEBECK, CLINTON A
Address: 1600 MARKET ST STE 3600
City-St-Zip: PHILADELPHIA, PA 19103

Title: D () Delete
Name: ARADER, WALTER G,
Address: 600 HUSTON RD
City-St-Zip: RADNOR, PA 190874423

Title: VAS () Delete
Name: CAMAROTTI, CARLOS
Address: 1870 S BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: HARVEY COMITA,
Address: 215 E. 80 STREET APT 11AB
City-St-Zip: NEW YORK, NY 10021

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CAMAROTTI

VAS

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date