

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N00000004408

Entity Name: KARLAN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3965 S.W. 6TH STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3965 S.W. 6TH STREET
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-1035192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLER, ARNOLDO A
2520 S.W. 22ND STREET, #7
MIAMI, FL 33145 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: PD () Delete
Name: MULLER, ARNOLDO A
Address: 3965 S.W. 6TH STREET
City-St-Zip: MIAMI, FL 33134

Title: VPD () Delete
Name: ALONSO, AGNELIO
Address: 3391 SW 129 AVENUE
City-St-Zip: MIAMI, FL 33166

Title: TD () Delete
Name: CAYADO, ISABEL
Address: 11228 S.W. 33RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: CAYADO, ISABEL
Address: 11228 S.W. 33RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: CARDOSO, GUEDELIA
Address: 11257 S.W. 33RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: AGNELIO, ALONSO
Address: 3391 SW 129 AVENUE
City-St-Zip: MIAMI, FL 33166

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

SIGNATURE: ISABEL CAYADO

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date