

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2009
Secretary of State**

DOCUMENT# N04000002770

Entity Name: BAMBOO FLATS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEW COMMUNITY STRATEGIES
4801 S UNIVERSITY DRIVE, STE 132
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

C/O NEW COMMUNITY STRATEGIES
4801 S UNIVERSITY DRIVE, STE 132
DAVIE, FL 33328

New Mailing Address:

FEI Number: 52-5419886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEW COMMUNITY STRATEGIES
4801 S UNIVERSITY DRIVE
STE 132
DAVIE, FL 33328 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: SONTAG, CRAIG
Address: 307 NE 7 STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VD () Delete
Name: DABNEY, VERTRAM
Address: 705 NE 4 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD () Delete
Name: PENSEL, KELLY
Address: 739 NE 4 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TD () Delete
Name: SHALKOP, DAVID
Address: 747 NE 4 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: SD (X) Change () Addition
Name: ALLEN, AMANDA
Address: 737 NE 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

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

Title: D () Change (X) Addition
Name: KESSLER, KEVIN
Address: 707 NE 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: CRAIG SONTAG

PD

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date