

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 26, 2006
Secretary of State**

DOCUMENT# N05000000643

Entity Name: SUPERIOR GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2296 NW 136TH TERRACE
OPA LOCKA, FL 33154

New Principal Place of Business:

Current Mailing Address:

2296 NW 136TH TERRACE
OPA LOCKA, FL 33154

New Mailing Address:

FEI Number: 20-2825988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER AND ASSOCIATES, P.A.
1920 EAST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 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: P () Delete
Name: KNIGHT, KEN
Address: 2253 N.W. 136 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: S () Delete
Name: CAREY, BEULAH
Address: 2232 N.W. 135 TERRACE
City-St-Zip: OPA LOCKA, FL 33154

Title: T () Delete
Name: NEALY, FELICIA
Address: 2296 N.W. 136 TERRACE
City-St-Zip: OPA LOCKA, FL 33149

Title: D () Delete
Name: MOSS, SABINE
Address: 2231 N.W. 135 TERRACE
City-St-Zip: OPA LOCKA, FL 33149

Title: D () Delete
Name: CAREY, MARLON
Address: 2232 N.W. 135 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEALY, FELICIA
Address: 2296 N.W. 136 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

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

Title: T (X) Change () Addition
Name: CAREY, MALON
Address: 2232 N.W. 135TERRACE
City-St-Zip: OPA LOCKA, FL 33054

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

Title: D (X) Change () Addition
Name: DOLCE, MARCEL
Address: 2292 N.W. 136 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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: FELICIA NEALY

P

07/26/2006

Electronic Signature of Signing Officer or Director

Date