

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20841

FILED
Apr 03, 2009
Secretary of State

Entity Name: GREENS EDGE OF BONAVENTURE TRACT 26 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11530 ST. ROAD 84
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551390
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 65-0070939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST BROWARD PROPERTY MGMT.
11530 STATE ROAD 84
DAVIE, FL 33325 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: T () Delete
Name: VANAALTEN, BILL
Address: 16658 BLATT BLVD #95
City-St-Zip: WESTON, FL 33326

Title: P () Delete
Name: LOSCHIAVO, MARILYN
Address: 16684 BLATT BLVD #57
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: PORTER, BEVERLY
Address: 16666 BLATT BLVD #62
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: MARGULIES, JEFF
Address: 16624 BLATT BLVD. #73
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: COOKE, NANCY
Address: 16640 BLATT BLVD #91
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VANAALTEN, BILL
Address: 16658 BLATT BLVD #95
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: PEREZ, ALEJANDRO
Address: 16624 BLATT BLVD #74
City-St-Zip: WESTON, FL 33326

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

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

Title: T (X) Change () Addition
Name: COOKE, NANCY
Address: 16640 BLATT BLVD #91
City-St-Zip: FORT LAUDERDALE, FL 33326

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: BILL VANAALTEN

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date