

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State



DOCUMENT # N96000001409
1. Entity Name
FLORANADA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
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4. FEI Number 65-0677429	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WILLIAM K. ISAACSON,
51045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD FORREST, GENE 7379 FLORANADA WAY DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE	SD FISHER-KERBIS, SARAH 7411 FLORANADA WAY DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE	TD ADLER, WILLIAM 7387 FLORANADA WAY DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE	D JACOBSON, HERB 7322 FLORANADA WAY DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000731011
05/08/07-80102-019 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Forrest Pres. 4/23/07