

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001409

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORANADA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0677429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ISAACSON, WILLIAM
51045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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: WILLIAM ISAACSON

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORREST, GENE
Address: 7379 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: FISHER-KERBIS, SARAH
Address: 7411 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD () Delete
Name: ADLER, WILLIAM
Address: 7387 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: PERLYN, DONALD
Address: 7403 FLORNADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: MIZEL, GERALD
Address: 7418 FLORNADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

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:

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: GENE FORREST

PR

04/23/2009

Electronic Signature of Signing Officer or Director

Date