

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004400

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTH DIXIE ANTIQUE ROW ASSOCIATION, INC.

Current Principal Place of Business:

3700 SOUTH DIXIE
#6
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

3700 SOUTH DIXIE
#6
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 65-0682424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, TRACY
3700 S DIXIE HWY #6
WEST PALM BEACH, FL 33405 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: D () Delete
Name: REYES, ALLAN
Address: 3632 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: P () Delete
Name: COFFEY, TRACY
Address: 3700 S DIXIE HWY # 6
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: SOLOMAN, ALAN
Address: 3707 S DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

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

Title: D () Change (X) Addition
Name: DANTON, DOREEN
Address: 3300 SOUTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

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: TRACY COFFEY

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date