2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N94000002150

Entity Name: SGI SUPPORTIVE HOUSING, INC.

Current Principal Place of Business:

5555 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5555 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0492054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINTER, MAUREEN
935 S.E. 14TH STREET
HIALEAH, FL 33010 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: PD ( ) Delete
Name: REED, BEN
Address: 1800 SW 84TH AVE.
City-St-Zip: MIAMI, FL 33155

Title: VD ( ) Delete
Name: SLACHTER, DAVID
Address: 3340 N.E. 190TH STREET
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete
Name: SALAZAR-REALINI, HELEN
Address: 7621 SW 53RD AVE.
City-St-Zip: MIAMI, FL 33143

Title: SD ( ) Delete
Name: KIRSH, WILLIAM DR.
Address: 2535 REGATTA AVE.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SLACHTER, DAVID
Address: 3340 N.E. 190TH STREET
City-St-Zip: AVENTURA, FL 33180

Title: VD (X) Change ( ) Addition
Name: SALAZAR-REALINI, HELEN
Address: 7621 S.W. 53RD AVE.
City-St-Zip: MIAMI, FL 33143

Title: TD (X) Change ( ) Addition
Name: KIRSH, WILLIAM DR.
Address: 2535 REGATTA AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD (X) Change ( ) Addition
Name: REED, BEN
Address: 1800 S.W. 84TH AVE.
City-St-Zip: MIAMI, FL 33155

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: MAUREEN WINTER RA 03/09/2009

Electronic Signature of Signing Officer or Director Date