

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716446

FILED
Apr 07, 2009
Secretary of State

Entity Name: MURRY HILLS ASSOCIATION, INC.

Current Principal Place of Business:

3240 CYNTHIA LANE
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

3240 CYNTHIA LANE
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-1582567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELFAND, MICHAEL J
1555 PALM BEACH LAKES BLVD.
SUITE 1220
W. PALM BEACH, FL 33401 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: JENNINGS, WILLIAM C
Address: 3240 LAKE OSBORNE DR
City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete
Name: HANNA, MARY B
Address: 3160 LAKE OSBORNE DR
City-St-Zip: LAKE WORTH, FL 33461

Title: VD () Delete
Name: BERENOTTO, ROY F
Address: 2880 LAKE OSBORNE DR
City-St-Zip: LAKE WORTH, FL 33461

Title: SD () Delete
Name: PATRICK, ELEANOR M
Address: 3000 LAKE OSBORNE DR
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: COOK, JAMES E
Address: 3120 LAKE OSBORNE DR
City-St-Zip: LAKE WORTH, FL 33461

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: WILLIAM C JENNINGS

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date