

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755753

FILED
Mar 21, 2010
Secretary of State

Entity Name: SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SEPTEMBER ESTATES HOME OWNERS ASSOC. INC.
7632 CARPENTER RD.
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

SEPTEMBER ESTATES HOME OWNERS ASSOC. INC.
7632 CARPENTER RD.
BOKEELIA, FL 33922

New Mailing Address:

7632 CARPENTER RD.
BOKEELIA, FL 33922 US

FEI Number: 59-2337724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVOE, LAURA TREAS.
7760 FARRELL RD
BOKEELIA, FL 33922 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: TT
Name: ECKER, LOUIS
Address: 7648 CARPENTER ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: PT
Name: KLEIN, WALTER
Address: 7632 CARPENTER ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: VPT
Name: SMITH, DAVID
Address: 7680 CARPENTER ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: SD
Name: SIENKOWSKI, RITA
Address: 7695 FARRELL ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: D
Name: LARS, LARSON
Address: 15282 BUZZARD CUT
City-St-Zip: BOKEELIA, FL 33922

Title: D
Name: GREENO, RICHARD
Address: 7743 FARRELL ROAD
City-St-Zip: BOKEELIA, FL 33922

I hereby 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 all other like empowered.

SIGNATURE: WALTER KLEIN

PRES

03/21/2010

Electronic Signature of Signing Officer or Director

_____ Date