

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 380095

FILED
Feb 04, 2009
Secretary of State

Entity Name: HISSAR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4013 DOUGLAS ROAD
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

4013 DOUGLAS ROAD
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 52-0084765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, ILIANA
THE KAMPONG OF THE NTBG
4013 DOUGLAS ROAD
COCONUT GROVE, FL 33133 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, DAVID
Address: 4013 DOUGLAS ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: GARDNER, PETER
Address: 3200 SW 116TH AVENUE
City-St-Zip: DAVIE, FL 33330

Title: VD () Delete
Name: MILLARD, MRS. BETHANY
Address: 3985 DOUGLAS ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: ST () Delete
Name: LEON, ILIANA
Address: 4013 DOUGLAS ROAD
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARSONS, ANN
Address: 4013 DOUGLAS ROAD
City-St-Zip: COCONUT GROVE, FL 33133

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN PARSONS

MS

02/04/2009

Electronic Signature of Signing Officer or Director

Date