

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705010

FILED
Apr 08, 2009
Secretary of State

Entity Name: PENTLAND HALL OF DADE COUNTY, INC.

Current Principal Place of Business:

13511 NE 24TH CT
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

13511 NE 24TH CT
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-0991547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAND, BARRIE
13511 NE 24TH CT
NORTH MIAMI, FL 33181 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: BRET BART, DORIS
Address: 1080 94 ST, APT 511
City-St-Zip: BAY HARBOR, FL 33154

Title: TD () Delete
Name: SANO, BARRIE
Address: 1351 NE 24 CT.
City-St-Zip: N. MIAMI, FL

Title: PD () Delete
Name: CHAPELLE, CATHERINE
Address: 7260 SW 148 CT
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: WEEKS, BARBARA
Address: 13207 SW 87TH TERR
City-St-Zip: MIAMI, FL 33180

Title: D () Delete
Name: MANTARAS, ROSIE
Address: 13201 SW 62 TERR
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: VARKIE, VAJAY
Address: 1740 S BAYSHORE LN
City-St-Zip: COCONUT GROVE, FL 33133

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: () Change () Addition
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRIE SANO

TRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date