2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 716417

Entity Name: ALLAMANDA GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

5011 W. OAKLAND PK BLVD
ALLAMANDA GARDENS
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

5011 W. OAKLAND PK BLVD
ALLAMANDA GARDENS
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 59-1372621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, ERIC A ESQ
1911 HARRISON ST
HOLLYWOOD, FL 33020 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: MOUBARAK, HASSAN
Address: 5021 W OAKLAND PK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D ( ) Delete
Name: MCMANUS, GEORGE B
Address: 5021 WEST OAKLAND PARK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: TD ( ) Delete
Name: HUBSCHMAN, BETTY
Address: 5021 WEST OAKLAND PARK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: SD ( ) Delete
Name: POSEY, BEVERLY
Address: 5021 WEST OAKLAND PARK BLVD.
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D ( ) Delete
Name: BLOCKER, BOBBIE MRS.
Address: 5011 W OAKLAND PARK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D ( ) Delete
Name: QUINONES, CARLOS
Address: 5041 W. OAKLAND PK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313

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

SIGNATURE: BETTY HUBSCHMAN MR. 04/30/2009
Electronic Signature of Signing Officer or Director Date