

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731085

FILED
Jan 08, 2009
Secretary of State

Entity Name: MARLBORO ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4169 SW 67 AVE.
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4169 SW 67 AVE.
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 59-1799292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLANGELO, ANGELO
4169 SW 67 AVE.
DAVIE, FL 33314 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: P () Delete
Name: COLANGELO, ANGELO
Address: 4169 SW 67TH AVE APT 208A
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: LINER, CURT
Address: 4169 SW 67 AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: TS () Delete
Name: FULLER, JUNE
Address: 2901 SW 87TH AVE. #402
City-St-Zip: DAVIE, FL 33328

Title: SD () Delete
Name: KNOX, HARVEY
Address: 4163 SW 67TH AVE APT 102C
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VP () Delete
Name: RAFAEL, TOM
Address: 1824 NW 108 AVE
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Delete
Name: ARMSTRONG, ERNESTINE
Address: 4165 SW 67TH AVE APT 112B
City-St-Zip: DAVIE, FL 33314

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: D (X) Change () Addition
Name: COX, LEE
Address: 4163 SW 67TH AVE APT
City-St-Zip: FORT LAUDERDALE, FL 33314

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: ANGELO COLANGELO

Electronic Signature of Signing Officer or Director

PRES

01/08/2009

Date