

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734217

FILED
Apr 03, 2009
Secretary of State

Entity Name: WYNKEN BLYNKEN & NOD A ASSOCIATION, INC.

Current Principal Place of Business:

223 HUMPTY DUMPTY DR
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1200
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0032636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THALER, RAYMOND
223 HUMPTY DUMPTY DR
KEY LARGO, FL 33037 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: THALER, RAYMOND
Address: 223 HUMPTY DUMPTY DR
City-St-Zip: KEY LARGO, FL 33037

Title: V () Delete
Name: HUENNIGER, LEE
Address: 415 THIMPER THOROFARE
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: BRANDELL, RONA
Address: 326 LITTLE MISS MUFFET LANE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: EDGAR, COX
Address: 215 HUMPTY DUMPTY DR.
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: SPIRES, PATRICIA
Address: 115 TWEEDY PIE TERRACE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: DUDAS, JOHN
Address: 407 THUMPER THOROUGHFARE
City-St-Zip: KEY LARGO, FL 33037

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: PATRICIA SPIRES

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date