

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737940

FILED
Jan 24, 2009
Secretary of State

Entity Name: FLORIDA ESTATES, INC.

Current Principal Place of Business:

FLORIDA ESTATES INC
6418 CONNECTICUT
ZEPHYRHILLS, FL 33540 US

New Principal Place of Business:

Current Mailing Address:

ELAINE NIELSON
6355 CONNECTICUT
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 59-1754169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELAINE, NIELSON
6335 CONNECTICUT STREET
ZEPHYRHILLS, FL 33542 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: VP () Delete
Name: LAWLESS, JACK
Address: 6303 OHIO ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: GEAUVREAU, DONALD
Address: 6404 CONNECTICUT ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: GOVE, MARGARET
Address: 6332 INDIANA ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: S () Delete
Name: FAULKNER, SHIRLEY
Address: 6421 CONNECTICUT STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: MORGRIDGE, CHARLES
Address: 6432 OHIO STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KINNEY, NANCY
Address: 6252 NEW YORK STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: SHORT, LEON
Address: 6307 NEW YORK STREET
City-St-Zip: ZEPHYRHILLS, FL 33542 US

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: ELAINE NIELSON

T/RA

01/24/2009

Electronic Signature of Signing Officer or Director

_____ Date