

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739963

FILED
Mar 03, 2009
Secretary of State

Entity Name: ELEGANTE ASSOCIATION, INC.

Current Principal Place of Business:

7300 W MCNAB RD STE 220
FORT LAUDERDALE, FL 33321 US

New Principal Place of Business:

7116 W MCNAB RD
TAMARAC, FL 33321 US

Current Mailing Address:

7300 W MCNAB RD STE 220
SUITE 1900
FORT LAUDERDALE, FL 33321 US

New Mailing Address:

7116 W MCNAB RD
TAMARAC, FL 33321 US

FEI Number: 59-1460920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MGMT PARTNERS
7300 W MCNAB STE 220
FORT LAUDERDALE, FL 33321 US

Name and Address of New Registered Agent:

PROPERTY MGMT PARTNERS
7116 W MCNAB
TAMARAC, FL 33321 US

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: MARYANN PRINCIPATO - VP

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANN, BRIAN
Address: POB 30545
City-St-Zip: FORT LAUDERDALE, FL 33303

Title: T () Delete
Name: MARONEY, TOM
Address: 1801 MIDDLE RIVER DR. APT. 11
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP () Delete
Name: NATOLI, LORI
Address: 1801 MIDDLE RIVER DRIVE APT 3
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: S () Delete
Name: DYE, CLAY
Address: 1801 MIDDLE RIVER DR. APT. #4
City-St-Zip: FT LAUDERDALE, FL 33305

Title: MBR () Delete
Name: STEAD, ASTRID
Address: 1801 MIDDLE RIVER DR. APT 10
City-St-Zip: FORT LAUDERDALE, FL 33305

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: D (X) Change () Addition
Name: STEAD, ASTRID
Address: 1801 MIDDLE RIVER DR. APT 10
City-St-Zip: FORT LAUDERDALE, FL 33305

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: BRIAN CANN

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date