

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741735

FILED
Apr 04, 2009
Secretary of State

Entity Name: HAWAIIAN GARDENS PHASE V ASSOCIATION, INC.

Current Principal Place of Business:

4800 NW 35TH ST.
LAUDERDALE LAKES, FL 333195377

New Principal Place of Business:

Current Mailing Address:

4800 NW 35TH ST.
LAUDERDALE LAKES, FL 333195377

New Mailing Address:

FEI Number: 59-1731076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, ERIC J
315 SE 7TH ST
FORT LAUDERDALE, FL 33301 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: D () Delete
Name: TOUGAS, ROGER
Address: 2406 NW 48 AVE
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: SD () Delete
Name: MOSS, LINDA
Address: 4801 NW 34 ST
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: P () Delete
Name: BLONDIN, PIERRE
Address: 4800 NW 35 ST
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VP () Delete
Name: DEFCLIGE, EMMA
Address: 3405 NW 48 AVE
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: TD () Delete
Name: LEPIERRE, NICOLE
Address: 3406 NW 49TH AVE.
City-St-Zip: LAUDERDALE LAKES, FL 33519

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOUGAS, ROGER
Address: 3406 NW 48 AVE
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: SD (X) Change () Addition
Name: LAVIGNE, SERGE
Address: 4801 NW 34 ST
City-St-Zip: FORT LAUDERDALE, FL 33319

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

Title: VP (X) Change () Addition
Name: DE FELICE, EMMA
Address: 3405 NW 48 AVE
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: TD (X) Change () Addition
Name: LAPIERRE, NICOLE
Address: 3406 NW 49TH AVE.
City-St-Zip: LAUDERDALE LAKES, FL 33519

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: NICOLE LAPIERRE

TD

04/04/2009

Electronic Signature of Signing Officer or Director

Date