

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742920

FILED
Feb 04, 2009
Secretary of State

Entity Name: THE TOWNHOUSES AT KILLIAN PINES ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT
14275 S.W. 142ND AVENUE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MANAGEMENT
14275 S.W. 142ND AVENUE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-1849886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAY, CARLOS
3750 NW 87 AVE
SUITE 100
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

TRIAY, CARLOS
2301 NW 87 AVE,
SUITE 501
MIAMI, FL 33172 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: CARLOS TRIAY

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MCLELLAN, MONICA
Address: 11575 SW 112 AVE
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: WEGLARZ, DOREE
Address: 11332 SW 115 TER
City-St-Zip: MIAMI, FL 33176

Title: AL () Delete
Name: SBROLLA, BETTIE W
Address: 11320 SW 115 TER
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: MIROWITZ, ELLEN
Address: 11299 SW 116 TERR
City-St-Zip: MIAMI, FL 33186

Title: PM (X) Delete
Name: OLIVIRA, JANINE
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: WEGLARZ, DOREE
Address: 14275 SW 142 AVE.
City-St-Zip: MIAMI, FL 33186

Title: AL (X) Change () Addition
Name: SBOLLA, BETTIE W
Address: 14275 SW 142 AVE.
City-St-Zip: MIAMI, FL 33186

Title: P (X) Change () Addition
Name: MIROWITZ, ELLEN
Address: 14275 SW 142 AVE.
City-St-Zip: MIAMI, FL 33186

Title: PM (X) Change () Addition
Name: OLIVEIRA, JANINE
Address: 14275 SW 142 AVE.
City-St-Zip: MIAMI, FL 33186

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: JANINE OLIVEIRA

MNG

02/04/2009

Electronic Signature of Signing Officer or Director

Date