

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743873

FILED
Apr 09, 2007
Secretary of State

Entity Name: THE BOATHOUSE OF HENDRICKS ISLE CONDOMINIUM APARTMENTS, INC.

Current Principal Place of Business:

424 HENDRICKS ISLE
SUITE #4
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

SUSAN PROVINI
424 HENDRICKS ISLE #4
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-1981296 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PROVINI, SUSAN
424 HENDRICKS ISLE
#4
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: P () Delete
Name: STEAVENS, DAVID
Address: 424 HENDRICKS ISLE #6
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T () Delete
Name: PROVINI, SUSAN
Address: 424 HENDRICKS ISLE #4
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: STROUSEF, MICHAEL
Address: 424 HENDRICKS ISLE, # 1
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: PROCELLE, TOM
Address: 424 HENDRICKS ISLE, #6
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PROVINI, SUSAN
Address: 424 HENDRICKS ISLE #4
City-St-Zip: FORT LAUDERDALE, FL 33301

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

Title: VP (X) Change () Addition
Name: STROUSE, MICHAEL
Address: 424 HENDRICKS ISLE, # 1
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S (X) Change () Addition
Name: RUSINAK, CLEMENTINA A
Address: 424 HENDRICKS ISLE, #3
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN PROVINI

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date