

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746129

FILED
Mar 19, 2009
Secretary of State

Entity Name: PORT EVERGLADES ASSOCIATION, INC.

Current Principal Place of Business:

1850 ELLER DRIVE, STE.405
PORT EVERGLADES, FL 33316

New Principal Place of Business:

Current Mailing Address:

1850 ELLER DRIVE, STE.405
PORT EVERGLADES, FL 33316

New Mailing Address:

FEI Number: 59-1914942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMPEL, MARGARET
1850 ELLER DRIVE
SUITE 405
FORT LAUDERDALE, FL 33316 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: SPENCER, NORMAN
Address: 1850 ELLER DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: JONES, RAY
Address: 1850 ELLER DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: ROGACKI, FRED
Address: 1850 ELLER DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T () Delete
Name: STIRN, SALLY
Address: 1850 ELLER DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ASD () Delete
Name: KEMPEL, MARGARET
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FITZGERALD, JEAN
Address: 1850 ELLER DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP (X) Change () Addition
Name: MCNALLY, PHIL
Address: 1850 ELLER DR
City-St-Zip: FORT LAUDERDALE, FL 33316

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

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

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: MARGARET KEMPEL

ASD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date