

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747694

FILED
Jan 06, 2009
Secretary of State

Entity Name: ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

905 N.E. 28TH STREET
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

905 N.E. 28TH STREET
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 59-1926325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINZ, JON
905 NE 28 ST
APT 208
WILTON MANORS, FL 33334 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: PD () Delete
Name: UROSEVICH, DASHA
Address: 905 NE 28 ST APT 205
City-St-Zip: WILTON MANORS, FL 33334

Title: ST () Delete
Name: BRACE, CHRISTOPHER
Address: 905 NE 28 ST APT 105
City-St-Zip: WILTON MANORS, FL 33334

Title: DV () Delete
Name: HINZ, JON
Address: 905 NE 28 ST APT 208
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STARKEY, EDWARD A
Address: 905 NE 28 ST APT 207
City-St-Zip: WILTON MANORS, FL 33334

Title: ST (X) Change () Addition
Name: HINZ, JON E
Address: 905 NE 28 ST APT 208
City-St-Zip: WILTON MANORS, FL 33334

Title: DV (X) Change () Addition
Name: SWART, CLAYTON
Address: 905 NE 28 ST APT 203
City-St-Zip: WILTON MANORS, FL 33334

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: JON E. HINZ

ST

01/06/2009

Electronic Signature of Signing Officer or Director

Date