

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756017

FILED
Mar 16, 2009
Secretary of State

Entity Name: PASSAGE ISLANDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1930 COMMERCE LANE
STE #1
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1930 COMMERCE LANE
STE #1
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-2114231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLIS, NADINE
1930 COMMERCE LANE #1
JUPITER, FL 33458 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: TD () Delete
Name: TRO PEA, THOMAS
Address: 17074 PASSAGE ISLAND NORTH
City-St-Zip: JUPITER, FL 33477

Title: PD () Delete
Name: MAJECZKY, CARL
Address: 17026 PASSAGE NORTH
City-St-Zip: JUPITER, FL 33477

Title: SD () Delete
Name: PETTIBONE, THOMAS
Address: 16936 PASSAGES S
City-St-Zip: JUPITER, FL 33477

Title: VD () Delete
Name: GUNTHER, FRANK
Address: 17075 PASSAGE ISLAND NORTH
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: MARSELLA, RAMOLO
Address: 16952 PASSAGE SOUTH
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CARL MAJECKZY

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date