

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757208

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: PASSAGEWAY RESIDENCE OF DADE COUNTY, INC.

**Current Principal Place of Business:**

2255 N.W. 10TH AVE  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

2255 N.W. 10TH AVE  
MIAMI, FL 33127 US

**New Mailing Address:**

FEI Number: 59-2088143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENENDEZ, LILLIAN CEO  
1154 N.W. 183 TERR  
PEMBROKE PINES, FL 33029 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: MORRIS, BARRY PHD  
Address: 6150 NW 81 STREET  
City-St-Zip: MIAMI, FL 33143

Title: VP/D ( ) Delete  
Name: CARMEN, DOMINGUEZ  
Address: 300 NE 2 AVENUE #1410  
City-St-Zip: MIAMI, FL 33132

Title: ST/D ( ) Delete  
Name: BAGLEY, NANCY  
Address: 1695 NW 9 AVE. ROOM 1208  
City-St-Zip: MIAMI, FL 33136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TOMPKINS, MARILYN V  
Address: 1407 LISBON STREET  
City-St-Zip: CORAL GABLES, FL 33143

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

Title: ST/D (X) Change ( ) Addition  
Name: HATRSWICK, LESTER P  
Address: 2475 BRICKELL AVE APT # 2504  
City-St-Zip: MIAMI, FL 33129

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: LILLIAN MENENDEZ

RA

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date