2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 760642

Entity Name: THE FLORANADA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3225 N.E. 16TH STREET
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

3225 N.E. 16TH STREET
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-2459343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALAIN, GAGNON
3225 N.E. 16TH STREET
1 B
POMPANO BEACH, FL 33062 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: HIGGOTT, BILL J
Address: 119 EAST PALM DRIVE
City-St-Zip: MARGATE, FL 33063

Title: ST ( ) Delete
Name: MINOR, PAUL
Address: 3225 NE 16TH ST #6
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete
Name: SENSENBREHNER, TED
Address: 3225 NE 16TH ST #19
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: CARTIER, LUKE
Address: 3225 NE 16TH ST #2
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: KUFA, SVATOPLUK
Address: TYRA 145
City-St-Zip: TRINEC, CZECH REPUBLIC, 73961

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: D (X) Change ( ) Addition
Name: CARTIER, LUKE
Address: 3225 NE 16TH ST #1
City-St-Zip: POMPANO BEACH, FL 33062

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: TED SENSENBRENNER VP 02/19/2009

Electronic Signature of Signing Officer or Director — Date