## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 765357** 

**OFFICERS AND DIRECTORS:** 

FILED Jan 19, 2009 Secretary of State

Entity Name: THE GABLES EAST OF BOCA BARWOOD CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

J&L PROPERTY MGMT INC STE 203 J&L PROPERTY MGMT INC 10191 W SAMPLE RD STE 203 POMPANO BEACH, FL 33065

CORAL SPRINGS, FL 33065

**Current Mailing Address:** New Mailing Address:

J&L PROPERTY MGMT INC 10191 W SAMPLE RD STE 203 10191 W SAMPLE RD STE 203 POMPANO BEACH, FL 33065 CORAL SPRINGS, FL 33065

FEI Number: 59-2254757 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CALDERAZZO, JAMES CALDERAZZO, JAMES 10191 W SAMPLE RD 10191 W SAMPLE RD STE 203

POMPANO BEACH, FL 33065 US SUITE 203 CORAL SPRINGS, FL 33065 US

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: 01/19/2009

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition SHAUGNONESSY, ELIAZBETH SHAUGHNESSY, MIKE Name: Name:

23378 SW 57 AVE STE 306 Address: 23378 SW 57 AVE STE 306 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428

Title: () Delete Title: () Change () Addition

HEADEGUS, ANDREA Name: Name: Address: 23398 SW 57 AVE 310 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip:

Title: () Delete Title: () Change () Addition

FENLON, KATHLEEN Name: Name: 23490 LYONS RD Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition

SHAUGNOSSY, MICHAEL Name: Name: SHAUGNESSY, MICHAEL 23378 SW 57 AVE STE 306 23378 SW 57 AVE STE 306 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428

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: JAMES CALDERAZZO RΑ 01/19/2009