

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767078

FILED
Apr 30, 2009
Secretary of State

Entity Name: SURREY WOODS TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

909 W. MIDWAY ROAD
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

% NANCY GRIECO
2834 B STONEWAY
FT. PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 59-2476982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIECO, NANCY
909 W MIDWAY ROAD
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

MCCARTY, JAMES H ESQ
926 NW 13TH PLACE
GAINESVILLE, FL 32601 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: JAMES H MCCARTY JR. ESQ

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: LOPEZ, CHRISTINIA
Address: 2821- C STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D/T () Delete
Name: HANLON, SHARON
Address: 2819-C STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D/VP (X) Delete
Name: LEPPERT, BENJAMIN
Address: 2825 STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D/S () Delete
Name: ROSS, MITCHELL
Address: 2829 STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: JERMAN, GEORGE
Address: 2815-A STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Delete
Name: FIMIAN, JOHN
Address: PO BOX 15069
City-St-Zip: FORT PIERCE, FL 34979

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: D/VP (X) Change () Addition
Name: JERMAN, GEORGE
Address: 2815-A STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

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: CHRISTINA LOPEZ

D/P

04/30/2009

Electronic Signature of Signing Officer or Director

Date