

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769461

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CAJO ASSOCIATION, INC.

**Current Principal Place of Business:**

305 NW 78 AVE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 17015  
PLANTATION, FL 33318

**New Mailing Address:**

FEI Number: 59-2370121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNOX, ROBERT  
470 NW 78TH TERRACE  
PLANTATION, FL 33324 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: KNOX, ROBERT J  
Address: 305 NW 78TH AVE  
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete  
Name: GOODSTEIN, RICHARD  
Address: 286 NW 78TH AVE  
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete  
Name: HOLSCHAUER, RUBEN  
Address: 7761 NORTHWEST 4TH STREET  
City-St-Zip: PLANTATION, FL 33324

Title: T ( ) Delete  
Name: OBRADOVICH, JORGE  
Address: 7900 CANTERBURY LANE  
City-St-Zip: PLANTATION, FL 33324

Title: S ( ) Delete  
Name: TEJEDA, HAROLD  
Address: 296 NW 78TH AVE  
City-St-Zip: PLANTATION, FL 33324

**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: S (X) Change ( ) Addition  
Name: LARKIN, HEATHER  
Address: 280 NW 78 AVENUE  
City-St-Zip: PLANTATION, FL 33324

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: ROBERT KNOX

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date