## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L20092

Title:

Name:

Address:

City-St-Zip:

: VORNADO DEVELOPMENT. INC

FILED Jan 16, 2009 Secretary of State

Entity Name: VORNADO DEVELOPMENT, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2316 PINE   #327	RIDGE RD					
NAPLES, F	L 34109 l	JS				
Current Mailing Address:			New Maili	New Mailing Address:		
2316 PINE RIDGE RD #327						
	APLES, FL 34109 US					
FEI Number:	65-0153647	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
WOOD, DOUG 1000TAMIAMI TRAIL N #401 NAPLES, FL 34102 US			1100 5ŤH <i>i</i> #101	WOOD, DOUG 1100 5TH AVE., S. #101 NAPLES, FL 34102 US		
The above in the State		submits this statement for the pu	ırpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR				01/16/2009		
	Electro	nic Signature of Registered Ager	nt		Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( HUBSCHMAN, 2316 PINE RIE NAPLES, FL 3	OGE RD #327	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( HUBSCHMAN, 2223 TRADE C NAPLES, FL 3	CENTER WAY	Title: Name: Address: City-St-Zip:	HUBSCHMAN	DGE ROAD #327	
Title: Name: Address: City-St-Zip:	D ( HUBSCHMAN, 2223 TRADE C NAPLES, FL 3	CENTER WAY	Title: Name: Address: City-St-Zip:	HUBSCHMAN	X) Change()Addition , CONNIANNE DGE ROAD #327 34109	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SIDNEY J. HUBSCHMAN PRES 01/16/2009

() Delete

HUBSCHMAN, SAMUEL

NAPLES, FL 34109

2316 PINE RIDGE RD #327

() Change () Addition