

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 017 ****61.25

DOCUMENT # N00000001812	
1. Entity Name 2889 ASSOCIATION, INC.	

Principal Place of Business 2889 N.E. 33RD COURT FT LAUDERDALE FL 33306	Mailing Address 2889 N.E. 33RD COURT ROBERT PENN APT 1 FT LAUDERDALE FL 33306
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 65-0992340	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHELDON, SANDRA 2889 NE 33RD CT UNIT 2 FORT LAUDERDALE FL 33306
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent is acceptable. (NOTE: Registered Agent signature must be of record in this filing.)

DATE _____

FILE NOW FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADRIGANO, ROCCO 5 HIDDEN HOLLOW CT GREENBROOK NJ 08812 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON, SANDRA 5 HIDDEN HOLLOW CT GREENBROOK NJ 08812 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, DIERDRE 2889 NE 33RD CT #4 FORT LAUDERDALE FL 33306 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENN, ROBERT J 2889 NE 33RD CT #1 FORT LAUDERDALE FL 33306 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Robert J Penn

Treasurer

2/4/08

954-517-9116