

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N00000002478

1. Entity Name
VARELA STREET ASSOCIATION, INC.



Principal Place of Business

**1208 VARELA ST
KEY WEST, FL 33040**

Mailing Address

**1208 VARELA ST
KEY WEST, FL 33040**



02072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0998478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GINSBERG, ELAINE
1208 VARELA ST
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000874124
04/10/08-80104-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT GINSBERG, ELAINE 1208 VARELA ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIERST, ROBERT 106 TIMBERLEE DR EVANS CITY, PA 16033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, MARTHA 2710 SEIDENBERG AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIRMINGHAM, ELIZABETH 107 W 8TH ST PALISADE, CO 81526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVERINGHAM, ROBERT 115 WHITE HORSE PIKE HADDON HTS, NJ 08035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODROE, SHIRLEY 524 WASHINGTON MALL CAPE MAY, NJ 08204

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Elaine Ginsberg **ELAINE GINSBERG** 3/25/08 305-294-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #