2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N00000002478

Entity Name: VARELA STREET ASSOCIATION, INC.

Current Principal Place of Business:

1208 VARELA ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1208 VARELA ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0998478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINSBERG, ELAINE
1208 VARELA ST
KEY WEST, FL 33040 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:	CT	( ) Delete
Name:	GINSBERG, ELAINE	
Address:	1208 VARELA ST	
City-St-Zip:	KEY WEST, FL 33040	
Title:	T	( ) Delete
Name:	FIERST, ROBERT	
Address:	106 TIMBERLEE DR	
City-St-Zip:	EVANS CITY, PA 16033	
Title:	T	( ) Delete
Name:	ROBINSON, MARTHA	
Address:	2710 SEIDENBERG AVE	
City-St-Zip:	KEY WEST, FL 33040	
Title:	T	( ) Delete
Name:	BIRMINGHAM, ELIZABETH	
Address:	107 W 6TH ST	
City-St-Zip:	PALISADE, CO 81526	
Title:	T	( ) Delete
Name:	EVERINGHAM, ROBERT	
Address:	115 WHITE HORSE PIKE	
City-St-Zip:	HADDON HTS, NJ 08035	
Title:	T	( ) Delete
Name:	GOODROE, SHIRLEY	
Address:	524 WASHINGTON MALL	
City-St-Zip:	CAPE MAY, NJ 08204	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ELAINE GINSBERG CT 04/01/2009

Electronic Signature of Signing Officer or Director — Date