

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003204

FILED
Mar 16, 2009
Secretary of State

Entity Name: GOLD COAST ASSOCIATION OF CODE ENFORCEMENT, INC.

Current Principal Place of Business:

400 S FEDERAL HWY
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 534
HALLANDALE BEACH, FL 33008 US

New Mailing Address:

FEI Number: 65-1009521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UBER, PATRICIA
9551 W SAMPLE RD
CORAL SPRINGS, FL 33065 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: PD () Delete
Name: UBER, PATRICIA
Address: 9551 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: CAGNINA, VAUDEEN
Address: 4800 W COPANS RD
City-St-Zip: COCONUT CREEK, FL 33063

Title: TD () Delete
Name: SARROS, SHELLEY
Address: 400 S FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S () Delete
Name: SIBNER, KIMBERELY
Address: 1607 NW 136 AVE, BLDG B
City-St-Zip: SUNRISE, FL 33323

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:

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: SHELLEY SARROS

TREA

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date