

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004228

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: SAN CASTLE COMMUNITY LEADERSHIP ORGANIZATION, INC.

## Current Principal Place of Business:

7139 OVERLOOK ROAD  
LANTANA, FL 33462

## New Principal Place of Business:

451 HIBISCUS TREE DRIVE  
LANTANA, FL 33462

## Current Mailing Address:

7139 OVERLOOK ROAD  
LANTANA, FL 33462

## New Mailing Address:

451 HIBISCUS TREE DRIVE  
LANTANA, FL 33462

FEI Number: 65-1018945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMOS, JUANA  
7139 OVERLOOK ROAD  
LANTANA, FL 33462 US

## Name and Address of New Registered Agent:

PACKARD, PATRICIA  
451 HIBISCUS TREE DRIVE  
LANTANA, FL 33462 US

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: PATRICIA PACKARD

03/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAMOS, JUANA  
Address: 7139 OVERLOOK ROAD  
City-St-Zip: LANTANA, FL 33462

Title: TD ( ) Delete  
Name: LEVESQUE, JAN  
Address: 450 TULIP TREE DRIVE  
City-St-Zip: LANTANA, FL 33462

Title: D ( ) Delete  
Name: DUMAS, DAN  
Address: 3871 ORANGE STREET  
City-St-Zip: LANTANA, FL 33462

Title: S ( ) Delete  
Name: INMAN, THELMA  
Address: 490 HIBISCUS TREE DRIVE  
City-St-Zip: LANTANA, FL 334562 PB

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PACKARD, PATRICIA  
Address: 451 HIBISCUS TREE DRIVE  
City-St-Zip: LANTANA, FL 33462

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BLAND, JASON  
Address: 7479 OVERLOOK ROAD  
City-St-Zip: LANTANA, FL 33462

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: JUANA RAMOS

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date