

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007715

FILED
Jan 28, 2009
Secretary of State

Entity Name: LORENE CO-OP APTS., INC.

Current Principal Place of Business:

501 NE 82ND TERR
APT 2
MIAMI, FL 331384037 US

New Principal Place of Business:

Current Mailing Address:

501 NE 82ND TERR
APT 2
MIAMI, FL 331384037 US

New Mailing Address:

FEI Number: 59-6069728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRESSIEUX, DOROTHY
501 NE 82ND TERR., APT. 2
MIAMI, FL 331384037 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: P/D () Delete
Name: BRESSIEUX, DOROTHY
Address: 501 NE 82 TERRACE APT 2
City-St-Zip: MIAMI, FL 331384037

Title: S () Delete
Name: BRESSIEUX, DOROTHY
Address: 501 NE 82 TERRACE APT 2
City-St-Zip: MIAMI, FL 331384037

Title: T () Delete
Name: BRESSIEUX, DOROTHY
Address: 501 NE 82 TERRACE APT 2
City-St-Zip: MIAMI, FL 331384037

Title: DV () Delete
Name: BLANKENSHIP, HR (JACK)
Address: 1800 NW 24TH AVE STE 708
City-St-Zip: MIAMI, FL 33125

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: DOROTHY BRESSIEUX

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date