


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001605	
1. Entity Name HOMETOWN BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9355 S.W. 117TH TERRACE MIAMI, FL 33176	Mailing Address OCEAN MANAGEMENT & INVESTMENTS CORP. PO BOX 831741 MIAMI, FL 33283
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
OCEAN MANAGEMENT & INVESTMENTS CORP. 12350 SW 132 CT #211 MIAMI, FL 33186	

FILED

09 FEB 19 AM 8:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**




01052009 Chg-NP CR2E037 (11/08)

4. FEI Number 01-0629205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

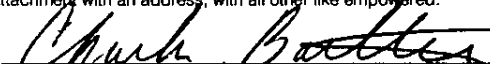
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee Is \$61.25 Due by May 1, 2009	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEY, JOHN C	NAME	
STREET ADDRESS	12316 SW 133 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGILO, ROBERT	NAME	
STREET ADDRESS	14355 SW 142 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JAVIER	NAME	
STREET ADDRESS	13435 SW 128 STREET, BAY #103	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____