

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002905

FILED
Jan 15, 2009
Secretary of State

Entity Name: FLORIDIAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

17 NE 20 AVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

17 NE 20 AVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-1556373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LADT, CHARLES A
17 NE 20 AVE
POMPANO BEACH, FL 33060 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: PRES () Delete
Name: LADT, CHARLES A
Address: 17 NE 20 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: CAMISSO, JOANN
Address: 15 NE 20 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: SEC () Delete
Name: ZAPANTIS, ELIAS M
Address: 25 NE 20 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TRES () Delete
Name: COCHRAN, TONI
Address: 7 NE 20 AVE
City-St-Zip: POMPANO BEACH, FL 33060

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: TRES (X) Change () Addition
Name: HUNT, MARGO
Address: 7 NE 20 AVE
City-St-Zip: POMPANO BEACH, FL 33060

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: CHARLES A LADT

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date