

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008517

FILED
Mar 30, 2009
Secretary of State

Entity Name: SAILFISH COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., STE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., STE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 84-1627031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY S.
3300 PGA BLVD
SUITE 530, 4TH FLOOR
PALM BEACH GARDENS, FL 33410 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: SD () Delete
Name: LEINWOL, JERALD
Address: 2364 SAILFISH COVE DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD () Delete
Name: RODRIGUEZ, JOHN
Address: 2485 SAILFISH COVE DR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PD () Delete
Name: PANAGACOS, CHRISTOS
Address: 2414 SAILFISH COVE DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD () Delete
Name: FILIPOWICZ, WALTER
Address: 2304 SAILFISH COVE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: LIBERTA, ANGELO
Address: 2355 SAILFISH COVE DR
City-St-Zip: WEST PALM BEACH, FL 33411

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:

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: JOHN PANAGOCUS

DP

03/30/2009

Electronic Signature of Signing Officer or Director

Date