2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N03431

Entity Name: INGLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 W 49 ST
STE 220
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

900 W. 49 STREET
STE 220
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-2447046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELATORRE, CLEMENTE J
900 W. 49 STREET, #220
HIALEAH, FL 33012 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	( ) Delete
Name:	VELAZQUEZ, GLORIA	
Address:	900 W 49 ST STE 220	
City-St-Zip:	HIALEAH, FL 33012	
Title:	VP	( ) Delete
Name:	MUNOZ, ALTAGRACIA	
Address:	900 W. 49 STREET, #220	
City-St-Zip:	HIALEAH, FL 33012 US	
Title:	T	( ) Delete
Name:	SANCHEZ, HERLIDE	
Address:	900 W. 49 STREET, #220	
City-St-Zip:	HIALEAH, FL 33012 US	
Title:	S	( ) Delete
Name:	BENOIT, OLGA	
Address:	900 W 49 ST STE 220	
City-St-Zip:	HIALEAH, FL 33012	
Title:	D	( ) Delete
Name:	BERRIO, LUZ	
Address:	900 W. 49 STREET, #220	
City-St-Zip:	HIALEAH, FL 33012 US	
Title:	D	( ) Delete
Name:	VARGAS, MARTHA	
Address:	900 W. 49 STREET, #220	
City-St-Zip:	HIALEAH, FL 33012 US	

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:	
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: GLORIA VELAZQUEZ PD 02/06/2009

Electronic Signature of Signing Officer or Director — Date