2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03431

TI FILED
Sep 09, 2009
Secretary of State

Entity Name: INGLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

900 W 49 ST 6801 NW 77 AVE

STE 220 204-205

HIALEAH, FL 33012 US MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

900 W. 49 STREET 6801 NW 77 AVE

STE 220 204-205

HIALEAH, FL 33012 US MIAMI, FL 33166 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELATORRE, CLEMENTE J RENOVATIONS PROPERTY MANAGEMENT 900 W. 49 STREET, #220 6801 NW 77 AVE

900 W. 49 STREET, #220 680 TNW 77 AVE HIALEAH, FL 33012 US 204-205

MIAMI, FL 33166 US

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: RENOVATIONS PROPERTY MANAGEMENT 09/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

 Name:
 VELAZQUEZ, GLORIA
 Name:
 VELAZQUEZ, GLORIA

 Address:
 900 W 49 ST STE 220
 Address:
 6801 NW 77 AVE #204-205

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: MIAMI, FL 33166

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MUNOZ, ALTAGRACIA
 Name:
 MUNOZ, ALTAGRACIA

 Address:
 900 W. 49 STREET, #220
 Address:
 6801 NW 77 AVE #204-205

 City-St-Zip:
 HIALEAH, FL 33012 US
 City-St-Zip:
 MIAMI, FL 33166 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SANCHEZ, HERLIDE
 Name:
 SANCHEZ, HERLIDE

 Address:
 900 W. 49 STREET, #220
 Address:
 6801 NW 77 AVE #204-205

 City-St-Zip:
 HIALEAH, FL 33012 US
 City-St-Zip:
 MIAMI, FL 33166 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 BENOIT, OLGA
 Name:
 RUIZ, MARTHA

 Address:
 900 W 49 ST STE 220
 Address:
 6801 NW 77 AVE #204-205

Address: 900 W 49 ST STE 220 Address: 6801 NW 77 AVE #204-205

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: MIAMI, FL 33166

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BERRIO, LUZ
 Name:
 RAMIREZ, WILLIAM

 Address:
 900 W. 49 STREET, #220
 Address:
 6801 NW 77 AVE #204-205

 City-St-Zip:
 HIALEAH, FL 33012 US
 City-St-Zip:
 MIAMI, FL 33166 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 VARGAS, MARTHA
 Name:
 BENOIT, OLGA

 Address:
 900 W. 49 STREET, #220
 Address:
 6801 NW 77 AVE #204-205

 City-St-Zip:
 HIALEAH, FL 33012 US
 City-St-Zip:
 MIAMI, FL 33166 US

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: VELASQUEZ, GLORIA P 09/09/2009