

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03525

FILED
Apr 02, 2009
Secretary of State

Entity Name: PRESTWICK CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BRISTOL MANAGEMENT
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

C/O BRISTOL MANAGEMENT
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-2491916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLIS, STEVE
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458 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: VP () Delete
Name: LAREMONT, KATIA
Address: 378-3 PRESTWICK CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: GRIMM, RONALD
Address: 501 PRESTWICK CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: CERUZZI, THOMAS
Address: 503 PRESTWICK CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: HONIGFELD, HOWARD
Address: 362-1 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete
Name:
Address:
City-St-Zip:

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: T (X) Change () Addition
Name: HONIGFELD, HOWARD
Address: 362-1 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P () Change (X) Addition
Name: REIL, SUZANNE
Address: 587-2 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: SUZANNE REIL

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date