

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003706

FILED
Jan 06, 2009
Secretary of State

Entity Name: PELL MANOR #3 HOMEOWNERS'S ASSOCIATION, INC.

Current Principal Place of Business:

2458 POLK STREET, #101
HOLLYWOOD, FL 33020

New Principal Place of Business:

2458 POLK STREET,
APT. #101
HOLLYWOOD, FL 33020

Current Mailing Address:

2458 POLK STREET, #101
HOLLYWOOD, FL 33020

New Mailing Address:

2458 POLK STREET,
APT. # 101
HOLLYWOOD, FL 33020

FEI Number: 77-0631944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER AND ASSOCIATES, P.A.
1920 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 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: SHAYS, JOYCE
Address: 2458 POLK STREET, #101
City-St-Zip: HOLLYWOOD, FL 33020

Title: V () Delete
Name: BIANCO, NATALE P
Address: 2458 POLK STREET, #201
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST () Delete
Name: BEATRICE, JANET
Address: 2458 POLK STREET, #208
City-St-Zip: HOLLYWOOD, FL 33020

Title: DBM () Delete
Name: SACCA, JOHN
Address: 2458 POLK STREET, #105
City-St-Zip: HOLLYWOOD, FL 33020

Title: BM () Delete
Name: GEORGOPOULOS, PETER
Address: 2458 POLK STREET, #206
City-St-Zip: HOLLYWOOD, FL 33020

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: JOYCE SHAYS

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date