

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004613

FILED
Feb 10, 2009
Secretary of State

Entity Name: CONGRESS FOR THE NEW URBANISM-FLORIDA INC.

Current Principal Place of Business:

421 SW CAMDEN AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

421 SW CAMDEN AVENUE
STUART, FL 34994

New Mailing Address:

FEI Number: 20-1246337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODEL, DIANE
421 SW CAMDEN AVENUE
STUART, FL 34994 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: C () Delete
Name: CAMBLOR, MARCELLA
Address: 400 SW CAMDEN AVENUE
City-St-Zip: STUART, FL 34994

Title: VC () Delete
Name: MURLEY, JIM
Address: 220 SE SECOND AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T () Delete
Name: MOORE, JAMES
Address: 5426 BAY CENTER DR., SUITE 400
City-St-Zip: TAMPA, FL 336093444

Title: D () Delete
Name: DUANY, ANDRES
Address: 1023 SW 25TH AVE.
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: HALL, RICHARD A
Address: 1237 NORTH ADAMS ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MURLEY, JAMES F
Address: 220 S.E. 2ND AVE., STE. 709
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MOORE, JAMES
Address: 5426 BAY CENTER DR., SUITE 400
City-St-Zip: TAMPA, FL 33609

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: MARCELA CAMBLOR

C

02/10/2009

Electronic Signature of Signing Officer or Director

Date