

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005555

FILED
Apr 28, 2009
Secretary of State

Entity Name: CABBAGE WOODS RANCHES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390-2 BUSINESS PARKWAY
2A
WEST PALM BEACH, FL 33411

New Principal Place of Business:

5401 N HAVERHILL ROAD
SUITE 114
WEST PALM BEACH, FL 33407

Current Mailing Address:

390-2 BUSINESS PARKWAY
2A
WEST PALM BEACH, FL 33411

New Mailing Address:

5401 N HAVERHILL ROAD
SUITE 114
WEST PALM BEACH, FL 33407

FEI Number: 20-4767258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTILALL, MAKESHWAR F
19181 GREEN GROVE COURT
LOXAHATCHEE, FL 33470 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: D () Delete
Name: MOTILALL, MAKESHWAR F
Address: 19181 GREEN GROVE COURT
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: MOTILALL, RISHIKESH R
Address: 10471 BARNES AVENUE
City-St-Zip: INVER GROVE, MN 55077

Title: D () Delete
Name: PAUL, NILWANTIE D
Address: 19181 GREEN GROVE COURT
City-St-Zip: LOXAHATCHEE, FL 33470

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:

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: MAKESHWAR FIP MOTILALL

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date