

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010104

FILED
Apr 23, 2009
Secretary of State

Entity Name: ANTIBES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

409 E. COLLEGE AVE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 20-2969180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LOU ELLEN
409 E. COLLEGE AVE.
RUSKIN, FL 33570 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/P () Delete
Name: GROVE, BERNARD
Address: 318 NOOLE FAIRE DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD () Delete
Name: STREMLEY, DAVID
Address: 306 NOBLE FAIR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DST () Delete
Name: NORTHCOTT, MARLA
Address: 310 NOBLE FAIRE DR.
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: BRANDSTEIN, ALFRED
Address: 322 NOBLE FAIRE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D/VP (X) Change () Addition
Name: HARDING, THOMAS
Address: 309 NOBLE FAIRE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DST (X) Change () Addition
Name: OELGART, HARRY
Address: 312 NOBLE FAIRE DR.
City-St-Zip: SUN CITY CENTER, FL 33573

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: ALFRED BRANDSTEIN

D/P

04/23/2009

Electronic Signature of Signing Officer or Director

Date