

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010329

FILED
Jan 19, 2006
Secretary of State

Entity Name: HEMINGWAY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

211 S.W. 2ND STREET
SUITE E
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

101 SE 15TH AVENUE
UNIT E
FT. LAUDERDALE, FL 33301

Current Mailing Address:

211 S.W. 2ND STREET
SUITE E
FT. LAUDERDALE, FL 33301

New Mailing Address:

PO BOX 14818
FT. LAUDERDALE, FL 33302

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LIBOW, ALLEN H
3351 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33431 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: PD () Delete
Name: NEWMAN, AARON
Address: 211 S.W. 2ND STREET, SUITE E
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VD () Delete
Name: SAMUEL, MICHAEL
Address: 3110 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: STD () Delete
Name: FINK, RAPHAEL
Address: 3110 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEWMAN, AARON
Address: PO BOX 14818
City-St-Zip: FT. LAUDERDALE, FL 33302

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 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: AARON NEWMAN

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date