

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# N04000010828

Entity Name: SANTORINI AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 20-1948986 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C/O PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 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: MERCEDES, SUAREZ
Address: 8637 STERLING ROAD
City-St-Zip: COOPER CITY, FL 33128

Title: VP () Delete
Name: KELLY, VIRGINIA
Address: 8637 STERLING ROAD
City-St-Zip: COOPER CITY, FL 33128

Title: T () Delete
Name: SUAREZ, MERCEDES
Address: 8637 STERLING RD
City-St-Zip: COOPER CITY, FL 33128

Title: S () Delete
Name: KELLY, VIRGINIA
Address: 8637 STERLING RD
City-St-Zip: COOPER CITY, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MASSARELLA, LINDA
Address: 8637 STERLING ROAD
City-St-Zip: COOPER CITY, FL 33128

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

Title: S (X) Change () Addition
Name: MASSARELLA, LINDA
Address: 8637 STERLING RD
City-St-Zip: COOPER CITY, FL 33128

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: MERCEDES SUAREZ

P

09/30/2009

Electronic Signature of Signing Officer or Director

_____ Date