

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011998

FILED
Apr 29, 2005
Secretary of State

Entity Name: PIERCE STREET TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

290 NW 165TH STREET SUITE M-100
2ND FLOOR
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

290 NW 165TH STREET SUITE M-100
2ND FLOOR
MIAMI, FL 33169

New Mailing Address:

290 NW 165TH STREET
M-100
MIAMI, FL 33169

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAILE, JOANNE
290 NW 165TH STREET SUITE M-100
2ND FLOOR
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

MAILE, JOANNE
290 NW 165TH STREET
M-100
MIAMI, FL 33169 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MAILE, JOANNE
Address: 290 NW 165TH STREET SUITE M-100
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: MESSERA, VINCENT
Address: 290 NW 165TH STREET SUITE M-100
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: PIERCE, CLIFFORD
Address: 290 NW 165TH STREET SUITE M-100
City-St-Zip: MIAMI, FL 33169

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 for the exemption stated in Section 119.07(3)(i), 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: JOANNE MAILE

PSD

04/29/2005

Electronic Signature of Signing Officer or Director

Date