

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# N05000005288

Entity Name: 317 NE SECOND STREET HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

317 NE 2ND STREET  
6  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

317 NE 2ND STREET  
6  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

FEI Number: 20-3345024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASTNER, CLAIRE  
317 NE 2ND STREET  
6  
HALLANDALE BEACH, FL 33009 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: PT ( ) Delete  
Name: KASTNER, CLAIRE  
Address: 317 NE 2ND STREET #5  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VS ( ) Delete  
Name: PLANAS, MARLO E  
Address: 317 NE 2ND STREET  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DIR ( ) Delete  
Name: JACOBY, FRANCISCO E  
Address: 820 N 71ST AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VS (X) Change ( ) Addition  
Name: PLANAS, MARLO E  
Address: 317 NE 2ND STREET#2  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: MARLO PLANAS

TREA

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date