

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 03, 2009
Secretary of State**

DOCUMENT# N05000008348

Entity Name: NOB HILL LANDINGS CONDOMINIUM ASSOCIATION INC.**Current Principal Place of Business:**1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071**New Principal Place of Business:****Current Mailing Address:**SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNIVERSITY DRIVE, #205
CORAL SPRINGS, FL 33071**New Mailing Address:****FEI Number:** 20-3658293**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 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 () Delete
Name: BERLIN, PETER
Address: 1051 NW 121 TERR
City-St-Zip: CORAL SPGS, FL 33071Title: DVP () Delete
Name: POLAKOFF, RICHARD
Address: 1819 NW 124 AVE
City-St-Zip: CORAL SPGS, FL 33071Title: SDT () Delete
Name: BROWN, SHIRLEY
Address: 5138 LAKEWOOD DR
City-St-Zip: CORAL SPGS, FL 33071Title: PD (X) Delete
Name: LOMNITZER, LORRI
Address: 275 NW 117 WAY
City-St-Zip: CORAL SPGS, FL 33071Title: D () Delete
Name: DAVIS, SARAH
Address: 9909 WESTWOOD DR #13
City-St-Zip: TAMARAC, FL 33321**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VPD (X) Change () Addition
Name: BERLIN, PETER
Address: 1051 NW 121 TERR
City-St-Zip: CORAL SPGS, FL 33071Title: PD (X) Change () Addition
Name: POLAKOFF, RICHARD
Address: 1819 NW 124 AVE
City-St-Zip: CORAL SPGS, FL 33071Title: TD (X) Change () Addition
Name: BROWN, SHIRLEY
Address: 5138 LAKEWOOD DR
City-St-Zip: CORAL SPGS, FL 33071Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: DAVIS, SARAH
Address: 9909 WESTWOOD DR #13
City-St-Zip: TAMARAC, FL 33321

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: RICHARD POLAKOFF

PD

11/03/2009

Electronic Signature of Signing Officer or Director_____
Date