

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011849

Entity Name: CILB PROPERTIES, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

4800 N. STATE RD. 7, BLDG. F, SUITE 102
LAUDERDALE LAKES, FL

New Principal Place of Business:

Current Mailing Address:

4800 N. STATE RD. 7, BLDG. F, SUITE 102
LAUDERDALE LAKES, FL

New Mailing Address:

FEI Number: 20-3538623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KICKLIGHTER, J. LEILANI
5102 LAUREL CIRCLE
TAMARAC, FL 33319 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: CASTELLANOS, DANIEL
Address: 19300 SW 2ND ST.
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: MEDIE, RON
Address: 14660 MADISON PLACE
City-St-Zip: DAVID, FL 33325

Title: EXD () Delete
Name: DICKERHOOF, KAREN
Address: 11274 SW 59TH CT.
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: WOLFE, DENISE
Address: 14650 MADISON PLACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: KOBRIN, ARTHUR
Address: 9760 NW 47 DRIVE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOUGHTON, ANDREW
Address: 1140 LIDFLOWER
City-St-Zip: HOLLYWOOD, FL 33019

Title: T (X) Change () Addition
Name: MIDIE, RON
Address: 14660 MADISON PLACE
City-St-Zip: DAVID, FL 33325

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

Title: SEC (X) Change () Addition
Name: KICKLIGHTER, LEILANI
Address: 5102 LAUREL CIRCLE
City-St-Zip: TAMARAC, FL 33319

Title: VP (X) Change () Addition
Name: HOUGHTON, JILL
Address: 1140 LIDFLOWER
City-St-Zip: HOLLYWOOD, FL 33019

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: LEONARD KURTZ

MR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date