

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002402

FILED
Apr 02, 2009
Secretary of State

Entity Name: N.E. 36TH STREET TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2501-2503 NE 36TH STREET
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

PO BOX 50145
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

FEI Number: 20-8393142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULKNER, HOBART L
4131 NE 24TH AVE
LIGHTHOUSE POINT, FL 33064 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: FAULKNER, HOBART L
Address: PO BOX 50145
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: VPD () Delete
Name: UVEGES, BERNADETTE K
Address: PO BOX 50145
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: SD () Delete
Name: FAULKNER, MARK
Address: PO BOX 50145
City-St-Zip: LIGHTHOUSE POINT, FL 33074

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 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: H L FAULKNER

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date