

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004780

FILED
Jan 07, 2009
Secretary of State

Entity Name: TOLEDO ISLES SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

% POINCIANA HOMES OF BROWARD, INC.
3971 S.W. 8TH STREET, SUITE 205
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

% POINCIANA HOMES OF BROWARD, INC.
3971 S.W. 8TH STREET, SUITE 205
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 03-0590284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, NITZA
3971 SW 8 STREET
STE 205
MIAMI, FL 33134 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: BRIONES, LUIS
Address: 3971 S.W. 8TH STREET, SUITE 205
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GONZALEZ, NITZA
Address: 3971 S.W. 8TH STREET, SUITE 205
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LARRIEU, MANUEL A II
Address: 3971 S.W. 8TH STREET, SUITE 205
City-St-Zip: CORAL GABLES, FL 33134

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: NITZA GONZALEZ

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date