## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008542

Name:

Address:

City-St-Zip:

ty Name: CITIZENS FOR PETS IN CONDOS INC

FILED May 15, 2008 Secretary of State

Enuty Nai	ME: CITIZENS FOR PETS IN CONDOS, INC.			
Current Principal Place of Business:		New Prince	New Principal Place of Business:	
4950 E. SA	ABAL PALM BLVD.			
	c, FL 33319 26			
Current Mailing Address:		New Mailing Address:		
4950 E. SABAL PALM BLVD., #109		PO BOX 2		
	c, FL 33319 26	TAMARAC	C, FL 33320 26	
FEI Number:	: FEI Number Applied For ( ) FEI N ce with s. 607.193(2)(b), F.S., the corporation did not receiv	Number Not App		
	Address of Current Registered Agent:		d Address of New Registered Agent:	
109	MAIDA W ABAL PALM BLVD C, FL 333192600 US			
The above in the State	named entity submits this statement for the purpose e of Florida.	e of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P/T () Delete GENSER, MAIDA W 4950 E. SABAL PALM BLVD., #109 TAMARAC, FL 333192600	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete SHAPIRO, DAVID 3520 S. OCEAN BLVD, ALEGRE 502 PALM BCH, FL 334805788	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KINZLER, CATHERINE 5555 N. OCEAN BLVD. #21 LAUDERDALE BY THE SEA, FL 33308	
Title: Name: Address: City-St-Zip:	S () Delete FANCHER, KANDY 2204 NE 36TH ST., UNIT 25 LIGHTHOUSE POINT, FL 33064	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BROWN, SHARON PO BOX 6622 DELRAY BEACH, FL 33482	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition HIRSEKORN, JANA 1919 STRATFORD WAY W PALM BEACH, FL 33409	
Title:	( ) Delete	Title:	D ( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

SCHONNING, LINDA

BOCA RATON, FL 33433

6335 LONGBOAT LANE W, APT. 204 E

SIGNATURE: MAIDA W. GENSER P/T 05/15/2008