

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010187

FILED
Apr 27, 2009
Secretary of State

Entity Name: JACOBS BUILDING RESIDENT ASSOCIATION, INC.

Current Principal Place of Business:

705 SW 88TH AVENUE
OFFICE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

705 SW 88TH AVENUE
OFFICE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 65-1294469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, NORA F
705 SW 88TH AVENUE
APT. 307
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

RAMOS, MOLLY E
705 SW 88TH AVENUE
OFFICE
PEMBROKE PINES, FL 33025 US

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: MOLLY E. RAMOS

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, NORMA F
Address: 705 SW 88TH AVE. APT. 307
City-St-Zip: PEMBROKE PINE, FL 33025

Title: VP () Delete
Name: LEE, BARBARA
Address: 705 SW 88TH AVE. APT. 212
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SEC () Delete
Name: CHAMBERS, SHIRLEY
Address: 705 SW 88TH AVE. APT. 414
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TREA () Delete
Name: FRIEDMAN, STANLEY
Address: 705 SW 88TH AVE. APT. 324
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMOS, MOLLY E
Address: 705 SW 88TH AVE. OFFICE
City-St-Zip: PEMBROKE PINE, FL 33025

Title: VP (X) Change () Addition
Name: LEFTON, RENEE
Address: 705 SW 88TH AVE. OFFICE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SEC (X) Change () Addition
Name: TIRADO, GISELA
Address: 705 SW 88TH AVE. OFFICE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TREA (X) Change () Addition
Name: FRIEDMAN, STANLEY
Address: 705 SW 88TH AVE. OFFICE
City-St-Zip: PEMBROKE PINES, FL 33025

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: MOLLY E. RAMOS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date