

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002181

FILED
Mar 25, 2009
Secretary of State

Entity Name: HERON BAY CORPORATE CENTER I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1930 HARRISON STREET, SUITE #502
HOLLYWOOD, FL 33020

New Principal Place of Business:

3990 SHERIDAN STREET
SUITE 214
HOLLYWOOD, FL 33021

Current Mailing Address:

1930 HARRISON STREET, SUITE #502
HOLLYWOOD, FL 33020

New Mailing Address:

48 EAST FLAGLER STREET
PH 101
MIAMI, FL 33131

FEI Number: 20-8563815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERMAN & LERMAN P.A.
48 E FLAGLER ST
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LERMAN & LERMAN P.A.
48 E FLAGLER ST
PH 101
MIAMI, FL 33131 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:

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BENENSON, ALAN
Address: 1930 HARRISON STREET, SUITE #502
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS () Delete
Name: SHER, MICHAEL
Address: 1930 HARRISON STREET, SUITE #502
City-St-Zip: HOLLYWOOD, FL 33020

Title: DAS () Delete
Name: LERMAN, JORGE
Address: 48 E FLAGLER ST
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: STEVEN, LISA
Address: 5850 CORN RIDGE DR UNIT 304
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: ORTEGA, SANDY
Address: 5850 CORAL RIDGE DRIVE, SUITE #202
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DAS (X) Change () Addition
Name: LERMAN, JORGE
Address: 48 E FLAGLER ST (PH 101)
City-St-Zip: MIAMI, FL 33131

Title: TD (X) Change () Addition
Name: LICA, STEVEN
Address: 5850 CORAL RIDGE DR SUITE 304
City-St-Zip: CORAL SPRINGS, FL 33076

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: JORGE LERMAN

ASD

03/25/2009

Electronic Signature of Signing Officer or Director

Date