

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008168

FILED
Apr 30, 2009
Secretary of State

Entity Name: KIAWAH COMMUNITY SERVICES INC

Current Principal Place of Business:

17521 SW 73RD COURT
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17521 SW 73RD COURT
MIAMI, FL 33157

New Mailing Address:

FEI Number: 26-0663651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLEMAGNE, ILFRENISE
17521 SW 73RD COURT
MIAMI, FL 33157 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: P () Delete
Name: CHARLEMAGNE, ILFRENISE
Address: 17521 SW 73RD COURT
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: CINE, SOLEDAD
Address: 18496 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: PAYEN, MARIE J
Address: 8751 NW 153RD TERRACE
City-St-Zip: MIAMI, FL 33018

Title: T () Delete
Name: VOLCY, GEORGE
Address: 102 SUNSET DR
City-St-Zip: ISLAMORADA, FL 33036

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:

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: ILFRENISE CHARLEMAGNE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date