

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07294

FILED
Apr 08, 2009
Secretary of State

Entity Name: WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business:

3009 BENT PINE DR.
FORT PIERCE, FL 34954 US

New Principal Place of Business:

3009 BENT PINE DR.
FORT PIERCE, FL 34951 US

Current Mailing Address:

PO BOX 593
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 65-0403952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, MARY R
C/O SACHS SAX CAPLAN
1850 FOUNTAINBLEAU BLVD., SUITE 207
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

HARVEY, MARY R
850 NW FEDERAL HWY
STUART, FL, FL 34994 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: MARY R. HARVEY

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEAVER, IVAN
Address: 3009 BENT PINE DR.
City-St-Zip: FORT PIERCE, FL 34951 US

Title: T () Delete
Name: EWAN, MARGARET
Address: 30014 BENT PINE RD
City-St-Zip: FORT PIERCE, FL 34951 US

Title: T () Delete
Name: SCOTTO, JOHN
Address: 2957 BENT PINE DR.
City-St-Zip: FORT PIERCE, FL 34951 US

Title: D () Delete
Name: BROWN, WILLIAM
Address: 2985 BENT PINE DR.
City-St-Zip: FORT PIERCE, FL 34951 US

Title: D () Delete
Name: LAWRENCE, MIRREILLE
Address: 2999 BENT PINE DR.
City-St-Zip: FT PIERCE, FL 34951 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: EWAN, MARGARET
Address: 3500 TWIN LAKES TERR, APT 104
City-St-Zip: FORT PIERCE, FL 34951 US

Title: D (X) Change () Addition
Name: SCOTTO, JOHN
Address: 2957 BENT PINE DR.
City-St-Zip: FORT PIERCE, FL 34951 US

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: IVAN WEAVER

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date