2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N08000003508

Entity Name: N. W. 55TH PLACE LAND CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5132 CENTENNIAL OAKS CIRCLE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

5132 CENTENNIAL OAKS CIRCLE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWTON, SYBIL C
5132 CENTENNIAL OAKS CIRCLE
TALLAHASSEE, FL 32308 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:	DT	( ) Delete
Name:	NEWTON, SYBIL C	
Address:	5132 CENTENNIAL OAKS CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	LETCHWORTH, CHARLENE N	
Address:	3920 THREE CHIMNEYS LANE	
City-St-Zip:	CUMMINGS, GA 30041	
Title:	D	( ) Delete
Name:	NEWTON, WILLIAM P	
Address:	27 HAMPTON LANE	
City-St-Zip:	CARTERSVILLE, GA 30120	
Title:	DP	( ) Delete
Name:	NEWTON, TIMOTHY E	
Address:	4397 VETERANS MEMORIAL HWY, COUNTY RD 59	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	DS	( ) Delete
Name:	LAMB, KAREN N	
Address:	217 PINEWOOD DR	
City-St-Zip:	TALLHASSEE, FL 32303	

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:	
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: TIMOTHY E. NEWTON DP 06/23/2009
Electronic Signature of Signing Officer or Director — Date