

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005826

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA ARTISTS ASSOCIATION, INC.

**Current Principal Place of Business:**

5120 NE 27 AVE.  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 51508  
LIGHTHOUSE POINT, FL 33074

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUNDQUIST, CHARLOTTE  
5120 NE 27 AVE.  
LIGHTHOUSE POINT, FL 33064      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:                      SUNDQUIST, CHARLOTTE  
Address:                      5120 NE 27 AVE.  
City-St-Zip:                      LIGHTHOUSE POINT, FL 33064

Title:                      VP                      ( ) Delete  
Name:                      CLIFTON, SUSAN  
Address:                      740 S. FEDERAL HWY, #306  
City-St-Zip:                      POMPANO BEACH, FL 33062

Title:                      VP                      ( ) Delete  
Name:                      FONT, IGNACIO M.  
Address:                      6830 SW 45 LANE, #9  
City-St-Zip:                      MIAMI, FL 33155

**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:

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: CHARLOTTE SUNDQUIST

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date