

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007841

FILED
Jul 22, 2009
Secretary of State

Entity Name: THE THREE SEASONS' COMMONS, INC

Current Principal Place of Business:

16450 MIAMI DRIVE
508
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16450 MIAMI DRIVE
508
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

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

CRAFT, CRISTIN
16450 MIAMI DRIVE
508
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

CRAFT, CRISTIN P
16450 MIAMI DRIVE
508
NORTH MIAMI BEACH, FL 33162 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: CRISTINA CRAFT

07/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAFT, CRISTINA
Address: 16450 MIAMI DRIVE APT 508
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TR () Delete
Name: DIAZ, DIGNA
Address: 16400 NE 17 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SEC (X) Delete
Name: GONZALEZ, LUCIA
Address: 16410 MIAMI DRIVE APT 404
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRAFT, CRISTINA PRESIDE
Address: 16450 MIAMI DRIVE APT 508
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: CRISTINA CRAFT

PRES

07/22/2009

Electronic Signature of Signing Officer or Director

Date