

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N08000007935

Entity Name: COMMONUNITY, INC.

Current Principal Place of Business:

170 SE 12TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

170 SE 12TH STREET
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 80-0245545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, BARBARA L
8002 SW 5TH STREET
NORTH LAUDERDALE, FL 33068 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: PD () Delete
Name: GOLDSMITH, JAMES B
Address: 170 SE 12TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD () Delete
Name: HALEY, BARBARA L
Address: 8002 SW 5TH ST
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: GOLDSMITH, DOROTHY A ORGMGR
Address: 170 SW 12TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: MURPHY, NELLIE
Address: 3200 N. PORT ROYALE DR. #2008
City-St-Zip: FT. LAUDERDALE, FL 33308

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: JAMES B GOLDSMITH

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date