

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009969

FILED
Mar 16, 2009
Secretary of State

Entity Name: SECTION 8 HOUSING LANDLORD ASSOCIATION CORP.

Current Principal Place of Business:

8672 SW 40 STREET
SUITE 203
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 26-1742
MIAMI, FL 33126

New Mailing Address:

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

Name and Address of Current Registered Agent:

LOPEZ, AMANDA
8672 SW 40 STREET
SUITE 203
MIAMI, FL 33155 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: LOPEZ, AMANDA
Address: 8672 SW 40 STREET, SUITE 203
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: HENRY, SABRINA
Address: POST OFFICE BOX 26-1742
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: SUAREZ, DITSY
Address: POST OFFICE BOX 26-1742
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: DANIELS, JUDY
Address: 504 NW 54 STREET
City-St-Zip: MIAMI, FL 33127

Title: 2VP () Delete
Name: DANIELS, ED
Address: 504 NW 54 STREET
City-St-Zip: MIAMI, FL 33127

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: AMANDA LOPEZ

P

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date