

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08483

FILED
Feb 13, 2009
Secretary of State

Entity Name: THE GREENS AT THE CALIFORNIA CLUB HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

684 NE 195 STREET
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

684 NE 195 STREET
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-2593055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNALDO, SOLIS
680 NE 195 ST
MIAMI, FL 33179 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: D () Delete
Name: KEIL, MARTIN
Address: 644 NE 195 STREET
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SAWYERS, ALTHEA
Address: 640 NE 195 STREET
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: SOLIS, ARNALDO
Address: 680 NE 195TH STREET
City-St-Zip: MIAMI, FL 33179

Title: S () Delete
Name: SHANLEY, CHARLENE
Address: 662 NE 195TH STREET
City-St-Zip: MIAMI, FL 33179

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:

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: CHARLENE SHANLEY

S

02/13/2009

Electronic Signature of Signing Officer or Director

Date