2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N11383

Entity Name: FRANKLIN FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9421 BELAIRE DRIVE
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

9965 MIRAMAR PARKWAY
PO BOX 161
MIRAMAR, FL 33025 US

New Mailing Address:

9421 BELAIRE DRIVE
MIRAMAR, FL 33025 US

FEI Number: 59-2611056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLAZER & ASSOCIATES, P.A.
3113 STIRLING ROAD
SUITE 201
HOLLYWOOD, FL 33021 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: SIMON, RONALD
Address: 9410 CHELSA DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: VD ( ) Delete
Name: KING, ROBERT
Address: 9410 DUNHILL DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: STD ( ) Delete
Name: GLASER, DENISE
Address: 9421 BELAIRE DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: MCKIE, CHRISTOPHER
Address: 2341 FAIRMONT AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: MYERS, PHYLISS
Address: 9320 DUNHILL DRIVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MYERS, PHYLISS
Address: 9320 DUNHILL DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: VERNON, HERMAN
Address: 9321 CHELSEA DRIVE
City-St-Zip: MIRAMAR, FL 33025

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: DENISE GLASER STD 01/17/2009

Electronic Signature of Signing Officer or Director Date