

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12015

FILED
Apr 20, 2009
Secretary of State

Entity Name: POWELL SQUARE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1121 STERLING RD.
P.O. BOX 328
INVERNESS, FL 34451

New Principal Place of Business:

1121 STERLING RD.
INVERNESS, FL 34451 US

Current Mailing Address:

1121 STERLING RD.
P.O. BOX 328
INVERNESS, FL 34451

New Mailing Address:

1121 STERLING RD.
INVERNESS, FL 34451 US

FEI Number: 59-3099096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, BRIAN A.
1121 STERLING ROAD
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

CARLSON, BRIAN A.
1121 STERLING ROAD
INVERNESS, FL 34450 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: BRIAN A. CARLSON

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARLSON, BRIAN A
Address: 1121 STERLING ROAD
City-St-Zip: INVERNESS, FL

Title: D () Delete
Name: LATTIN, EDWIN
Address: 1123 STERLING ROAD
City-St-Zip: INVERNESS, FL

Title: D () Delete
Name: ZELTZER, GARSON
Address: 1129 STERLING ROAD
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARLSON, BRIAN A
Address: 1121 STERLING ROAD
City-St-Zip: INVERNESS, FL

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: BRIAN A. CARLSON

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date