

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16918

FILED
Apr 10, 2009
Secretary of State

Entity Name: N.E. FOCAL POINT CASA, INC.

Current Principal Place of Business:

227 NW 2ND ST.
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

227 NW 2ND ST.
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 59-2746841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LITTLEJOHN, TODD
790 NW 1ST AVENUE
DEERFIELD BEACH, FL 33441 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: 2VP () Delete
Name: MILOT, MARSHA
Address: 925 HILLSBORO MILE
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: 1VP () Delete
Name: GIROUX, CATHY
Address: 2432 NE 22ND AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: GIROUX, BILL
Address: 2432 NE 22ND AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T () Delete
Name: FINK, JOAN
Address: 1155 HILLSBORO MILE, #309
City-St-Zip: HILLSBORO BEACH, FL 33316

Title: S () Delete
Name: ELIZABETH, MCGILL
Address: 100 S. MILITARY TRAIL
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VP (X) Change () Addition
Name: MILOT, MARSHA
Address: 300 VENETIAN DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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: DONNA DEFRONZO

MS.

04/10/2009

Electronic Signature of Signing Officer or Director

Date