

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32410

FILED
Feb 11, 2009
Secretary of State

Entity Name: THE AVIARY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

100 RIVERBRIDGE BLVD.
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

1928 LAKEWORTH ROAD
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0319750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH, SUITE 400
WEST PALM BEACH, FL 33409 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: CASTLEMAN, BERNIE
Address: 181 HARBOR LAKE CIR
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD () Delete
Name: KOHN, IRWIN
Address: 153 HARBOR LAKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VD () Delete
Name: LAPORTE, RONALD
Address: 182 HARBOR LAKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD () Delete
Name: BRONSWEIG, RONALD
Address: 119 HARBOR LAKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D () Delete
Name: FASS, MYRA
Address: 161 HARBOR LAKE CIR
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: KAHN, IRWIN
Address: 153 HARBOR LAKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VD (X) Change () Addition
Name: LAPORTE, RONALD
Address: 182 HARBOR LAKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

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

Title: D (X) Change () Addition
Name: SPATARA, JAMES
Address: 167 HARBOR LAKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

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: BERNIE CASTLEMAN

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date