

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33573

FILED
Apr 15, 2009
Secretary of State

Entity Name: NATOMA MANORS HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2700 HILOLA STREET
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331757
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 65-0144944 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARRERO, YERY
2700 HILOLA STREET
COCONUT GROVE, FL 33133 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: SD () Delete
Name: SOFGE, HALEY
Address: 2705 HILOLA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD () Delete
Name: MARRERO, YERY
Address: 2700 HILOLA STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: BRUTON, LINDA
Address: 1640 TIGERTAIL AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: KIPNIS, ELIZABETH
Address: 1600 TIGERTAIL AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: ASBURY, ANTHONY
Address: 2645 HALISEE ST.
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: MASTERSON, MELANIE
Address: 1660 TIGERTAIL AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOFGE, HALEY
Address: 2705 HILOLA ST
City-St-Zip: COCONUT GROVE, FL 33133

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: D (X) Change () Addition
Name: MCCALL-TALBERT, CINDY
Address: 1601 NOCATEE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

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: YERY MARRERO

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date