

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37297

FILED
Apr 08, 2009
Secretary of State

Entity Name: PANACHE AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

C/O MIAM MGMT
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0197884 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: PSD () Delete
Name: CAMACHO, LUIS
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VP () Delete
Name: LEWIS, PAUL
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: D () Delete
Name: JUDD, BRAD
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: SD () Delete
Name: HALL, ROSELYN
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: TD () Delete
Name: MARQUEZ, RAFAEL
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMACHO, LUIS
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

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

Title: TD (X) Change () Addition
Name: BLACKWELL, PHILIP
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

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

Title: D (X) Change () Addition
Name: MARQUEZ, RAFAEL
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

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: LUIS CAMACHO

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date