## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46172

Title:

Name:

Address:

City-St-Zip:

Entity Name: COMMUNITY PARTNERS, INC.

FILED Apr 17, 2009 Secretary of State

4726 N TAMIAMI TRL SARASOTA, FL 34234				New Principal Place of Business:  New Mailing Address:		
4726 N TAMIAMI TRL SARASOTA, FL 34234						
FEI Number:	65-0318981	FEI Number Applied For ( )	FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LEAP, JANET M. 3500 CENTRAL AVE. SARASOTA, FL 34234 US			3500 CENT	LEAP, JANET M 3500 CENTRAL AVE. SARASOTA, FL 34234 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: JANET M LEAP				04/17/2009		
	Electroni	Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I SANDBACH, ELE 4469 RAYFIELD SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DPT () I LEAP, JANET M 508 SATURN AV SARASOTA, FL	Delete E.	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition LEAP, JANET M 508 SATURN AVE. SARASOTA, FL 34234		
Title: Name: Address: City-St-Zip:	DS ( ) I EISNER, SHELL 4116 4TH AVE N BRADENTON, FI	E	Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition EISNER, SHELLEY 4116 4TH AVE NE BRADENTON, FL 34208		
Title: Name: Address: City-St-Zip:	DVP ( ) I EISNER, JAMES 4116 4TH AVE N BRADENTON, FI	E	Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition HUGGINS, DONALD 3448 GALESBURG COURT THE VILLAGES, FL 32162		

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.

Title:

Name:

Address:

City-St-Zip:

DS

CROSS, FRANCES

VALRICO, FL 33594

4617 CABBAGE PALM DRIVE

( ) Change (X) Addition

SIGNATURE: JANET LEAP DT 04/17/2009

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