2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# N46275

Entity Name: AMERITRAIL SECTION ONE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 822451
SOUTH FL, FL 33082 US

New Principal Place of Business:

18826 NW 1ST STREET
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

PO BOX 822451
SOUTH FL, FL 33082 US

New Mailing Address:

FEI Number: 65-0416186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARING, NANCY D
18826 NW 1ST STREET
PEMBROKE PINES, FL 33029 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: TD ( ) Delete
Name: WARING, NANCY
Address: 18826 NW 1ST ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PDSD ( ) Delete
Name: SOLLOA, ESTHER
Address: 321 NW 189 TERR
City-St-Zip: PEMBROKE PINES, FL

Title: VD ( ) Delete
Name: ROBANYA, ROBERT
Address: 231 NW 190 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: DANIELS, LEROY
Address: 18725 NW 1 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: DOUGHT, ALICE
Address: 18950 NW 1ST ST
City-St-Zip: HOLLYWOOD, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: NANCY WARING TD 07/09/2009

Electronic Signature of Signing Officer or Director — Date