

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49791

FILED
Apr 02, 2009
Secretary of State

Entity Name: PLUMBAGO COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC.
14275 S.W. 142 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC.
14275 S.W. 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0576519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: KLEE, ROSE MARIE
Address: 14924 SW 104 ST #33
City-St-Zip: MIAMI, FL 33196

Title: VPD () Delete
Name: GALLAGHER, ALOYSIUS
Address: 10521 MAHOGANY KEY CIRCLE #208
City-St-Zip: MIAMI, FL 33196

Title: PD () Delete
Name: SCHMIDT, DAVID
Address: 14912 SW 104TH ST #46
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: SANCHEZ, RAFAEL JR
Address: 14972 SW 104 ST #106
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: MONSEN, MARTHA
Address: 14906 SW 104 ST #51
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KLEE, ROSE MARIE
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: VPD (X) Change () Addition
Name: GALLAGHER, ALOYSIUS
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: PD (X) Change () Addition
Name: SCHMIDT, DAVID
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: TD (X) Change () Addition
Name: SANCHEZ, RAFAEL JR
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: MONSEN, MARTHA
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

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: SCHMIDT, DAVID

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date