2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000825

FILED Apr 15, 2009 Secretary of State

Entity Nar	me: SAN RAF	AEL HOMEWOWNERS' AS	SOCIATION, INC.		
Current Principal Place of Business:			New Principal Place	of Business:	
	ORT MANAGEN SESHORE DR FL 34104 U	S #215			
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
	ORT MANAGEN SESHORE DR FL 34104 L	S #215			
FEI Number:	: 59-3588763	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NAPLES, F	RAFAEL LN. FL 34119 L		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Age				nt Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () KRINSKY, MUR 178 SAN RAFA NAPLES, FL 3	EL LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () STEELE, JOSE 174 SAN RAFA NAPLES, FL 3-	EL LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () BARRY, JOHN 179 SAN RAFA NAPLES, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MURRAY KRINSKY P 04/15/2009