

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000922

FILED
Mar 23, 2009
Secretary of State

Entity Name: EXCELLENTE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2950 JOG RD.
GREENACRES, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

2950 JOG RD.
GREENACRES, FL 33467 US

New Mailing Address:

FEI Number: 65-0384326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, LOUIS ESQ.
SACHS, SAX & KLEIN, P.A.
301 YAMATO RD., STE. 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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: LOU CAPLAN

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GARDNER, RHODA
Address: 5115 EUROPA DR, APT C
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD () Delete
Name: BUNSON, JOSEPH
Address: 5091 SPLENDIDO CT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: ALLEN, MAL
Address: 5099 SPLENDIDO CT APT O
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: DONDEY, AL
Address: 5131-K EUROPA DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: JACOBSON, JACK
Address: 5115 EUROPA DR, APT E
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BUNSON, JOSEPH
Address: 5091 SPLENDIDO CT, APT. O
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD (X) Change () Addition
Name: ALLEN, MALVIN
Address: 5099 SPLENDIDO CT, APT O
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D (X) Change () Addition
Name: DONDEY, AL
Address: 5131 EUROPA DR, APT. K
City-St-Zip: BOYNTON BEACH, FL 33437

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: MALVIN ALLEN

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date