

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001773

FILED
Mar 03, 2009
Secretary of State

Entity Name: THREE SISTERS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

430 EAST RAILROAD AVE
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 216
BOCA GRANDE, FL 33921 US

New Mailing Address:

FEI Number: 65-0495584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATERSON, REBECCA S
430 EAST RAILROAD AVE.
BOCA GRANDE, FL 33921 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: DST () Delete
Name: PATERSON, REBECCA S
Address: P.O BOX 216
City-St-Zip: BOCA GRANDE, FL 33921

Title: DV () Delete
Name: DEATERLY, JEFF
Address: P.O.BOX 216
City-St-Zip: BOCA GRANDE, FL 33921

Title: DP () Delete
Name: JOHNSON, CHRIS
Address: P.O.BOX 216
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: JOHNSON, CHRIS
Address: P.O BOX 216
City-St-Zip: BOCA GRANDE, FL 33921

Title: PD (X) Change () Addition
Name: DEATERLY, JEFF
Address: P.O.BOX 216
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPD (X) Change () Addition
Name: LIPNER, WESLEY
Address: P.O.BOX 216
City-St-Zip: BOCA GRANDE, FL 33921

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: CHRIS JOHNSON

STD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date