

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005613

FILED
Feb 21, 2009
Secretary of State

Entity Name: CENTRAL HILLS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE MANAGEMENT
12270 SW 3RD STREET
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355 US

New Mailing Address:

FEI Number: 65-0565875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER
WESTSIDE CORPORATE CTR.
150 SOUTH PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324 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: D () Delete
Name: EIGLARSH, LARRY
Address: 2579 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

Title: PD () Delete
Name: TRINKLER, HERB
Address: 2509 BAY ISLE DR.
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: TASEFF, LUCY
Address: 2548 BAY POINTE DR.
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: ENGLEHARD, JERRY
Address: 2478 EAGLE WATCH ROAD
City-St-Zip: WESTON, FL 33332

Title: SD () Delete
Name: SANCHEZ, RUBEN
Address: 2542 SANCTUARY DRIVE
City-St-Zip: WESTON, FL 33332

Title: TD () Delete
Name: BLAIR, NANCY
Address: 2498 MONTEREY CT
City-St-Zip: WESTON, FL

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
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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: ROBERT A. DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date