2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# N95000003358

Entity Name: MURCHISON TERRACE RESIDENT ASSOCIATION, INC.

Current Principal Place of Business:

3527 NORTH WILTS CIRCLE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3527 NORTH WILTS CIRCLE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3324193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARDAWAY, TONI
3527 NORTH WILTS CIRCLE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

MILLS, DIANN
3527 NORTH WILTS CIRCLE
ORLANDO, FL 32805 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: DIANN MILLS 07/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARDAWAY, TONI
Address: 1521 WILTS CIRCLE
City-St-Zip: ORLANDO, FL 32804

Title: V ( ) Delete
Name: RIVERA, JOHANNA
Address: 3424 S. WILTS CIRCLE
City-St-Zip: ORLANDO, FL 32804

Title: S ( ) Delete
Name: ASTACIO, VIRGEN
Address: 1504 E. WILTS CIRCLE
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Delete
Name: DIXON, ANNIE MAE
Address: 1447 MABLE BUTLER AVENUE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLS, DIANN
Address: 3418 S.WILTS CIR. APT 3
City-St-Zip: ORLANDO, FL 32805

Title: V (X) Change ( ) Addition
Name: BRYANT, ROSHA
Address: 3436S. WILTS CIRCLE
City-St-Zip: ORLANDO, FL 32805

Title: S (X) Change ( ) Addition
Name: MARTINEZ, MARISOL
Address: 1527 MABLE BUTTER AVE. APT. 2
City-St-Zip: ORLANDO, FL 32805

Title: T (X) Change ( ) Addition
Name: LOPEZ, MARC
Address: 1561 E. WILTS CIR.
City-St-Zip: ORLANDO, FL 32805

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: DIANN MILLS P 07/09/2009
Electronic Signature of Signing Officer or Director Date