2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N95000005053

Entity Name: FIVE FIFTY FIVE OCEAN BOULEVARD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3218 N E 6TH ST
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

3218 N E 6TH ST
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 65-0603551 **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:

COSTA, CAROL
3234 N E 6TH ST
POMPANO BEACH, FL 33062 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: DP ( ) Delete
Name: COSTA, KIM
Address: 3242 NE 6ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: DVP ( ) Delete
Name: COSTA, CAROL
Address: 3226 NE 6TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: DST ( ) Delete
Name: ABEL, BOBBIE
Address: 3221 NE 5 CT
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change ( ) Addition
Name: WILSON, JAMES
Address: 3245 NE 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

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: CAOL COSTA S/T 06/24/2009

Electronic Signature of Signing Officer or Director Date