

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004261

FILED
Jun 08, 2009
Secretary of State

Entity Name: EARLINGTON HEIGHTS OLINDA ASSOCIATION INC.

Current Principal Place of Business:

2140 NW 50TH ST
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

2140 NW 50TH ST
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

EVERETT, TIMOTHY
2140 NW 50TH ST
MIAMI, FL 33142 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: C () Delete
Name: EVERETT, TIMOTHY
Address: 2140 NW 50TH ST
City-St-Zip: MIAMI, FL 33142

Title: CC () Delete
Name: COCHRAN, JUAN
Address: 1901 NW 52ND STREET
City-St-Zip: MIAMI, FL 33142

Title: CC () Delete
Name: MATIS, BARBARA
Address: 2011 NW 53RD ST
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: SPENCE, SAMUEL
Address: 2138 NW 49 ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: BROWN, PAULETTE
Address: 2110 NW 48TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: GREEN, ANNE
Address: 1940 NW 47TH STREET
City-St-Zip: MIAMI, FL 33142

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
Name:
Address:
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: TIMOTHY EVERETT

C

06/08/2009

Electronic Signature of Signing Officer or Director

Date