

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000117

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** L'AQUILA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Mailing Address:**

**FEI Number:** 65-0794307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAM K. ISAACSON,  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

ISAACSON, WILLIAM K  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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: WILLIAM ISAACSON

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: ETTINGER, PHILLIP  
Address: 7919 L'AQUILA WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD ( ) Delete  
Name: KABAT, DONALD  
Address: 7911 L'AQUILA WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: PD ( ) Delete  
Name: SPEIGEL, SAM  
Address: 7823 L'AQUILA WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: ROBERT, CASSANDRA  
Address: 7855 LAQUILA WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: SIEGEL, MYRON  
Address: 7852 LAQUILE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: ETTINGER, PHILLIP  
Address: 7919 L'AQUILA WAY  
City-St-Zip: DELRAY BEACH, FL 33446

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

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

Title: SD (X) Change ( ) Addition  
Name: BERMAN, MARCIA  
Address: 7920 LAQUILA WAY  
City-St-Zip: DELRAY BEACH, FL 33446

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: SAM SPEIGEL

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date