

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004722

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALTON ROAD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4756 ALTON RD
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 402501
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 06-1637926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCKWELL, THOMAS
4756 ALTON ROAD
MIAMI BEACH, FL 33140 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: P () Delete
Name: ROCKWELL, THOMAS
Address: 4756 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP () Delete
Name: LOUDEN, HENRY T
Address: 2108 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: LOPEZ, LIZETTE
Address: 5042 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: S () Delete
Name: DAVIS, LAURIE
Address: 5965 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: FRIED, AIMEE
Address: 5800 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: GOLDSTEIN, JERRY
Address: 3040 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

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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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: LIZETTE LOPEZ

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date