2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N97000006821

Entity Name: SOUTH FLORIDA WINTER GUARD ASSOCIATION, INC.

Current Principal Place of Business:

2220 NW 70 LANE
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

2220 NW 70 LANE
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 65-0798576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, KATHY
2220 NW 70 LANE
MARGATE, FL 33063 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:	D	( ) Delete
Name:	CANNON, LOUISE	
Address:	4191 CYPRESS REACH CT	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	D	( ) Delete
Name:	REMILLET, GENE	
Address:	7612 SW 8TH COURT	
City-St-Zip:	N LAUDERDALE, FL 33063	
Title:	D	( ) Delete
Name:	PORTER, KATHY	
Address:	2220 N.W. 70TH LANE	
City-St-Zip:	MARGATE, FL 33063	
Title:	D	(X) Delete
Name:	BLOOM, SALLY	
Address:	224 NW 91ST AVE	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	D	( ) Delete
Name:	FINE, NANCY	
Address:	14287 CAMPANELLLI DR	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	D	( ) Delete
Name:	MIELKE, JEANINE	
Address:	381 NW 107 AVE	
City-St-Zip:	CORAL SPRINGS, FL 33071	

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: KATHY PORTER PRES 01/09/2009

Electronic Signature of Signing Officer or Director — Date