

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001659

FILED
Apr 27, 2009
Secretary of State

Entity Name: HAYDN SOCIETY OF FLORIDA INC.

Current Principal Place of Business:

732 NW 29 STREET
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

732 NW 29 STREET
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 65-0826995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, WENDY
732 NW 29 STREET
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

REYNOLDS, WENDY J
732 NW 29 STREET
WILTON MANORS, FL 33311 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: WENDY J. REYNOLDS

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BERG, ROBIN
Address: 4500 SEA GRAPE DRIVE
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308

Title: D () Delete
Name: FIORAVANTE, BIRGIT
Address: 8315 SE 12TH COURT
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: ALTMAN, HARRIETTE
Address: 4930 SABAL PALM BLVD #401
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: FIORAVANTE, BIRGIT
Address: 8315 SE 12TH COURT
City-St-Zip: OCALA, FL 34480

Title: D (X) Change () Addition
Name: ABELES, MIMI
Address: 2365 NW 41 ST
City-St-Zip: BOCA RATON, FL 33431

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: BIRGIT FIORAVANTE

CD

04/27/2009

Electronic Signature of Signing Officer or Director

Date