

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004310

FILED
Feb 25, 2010
Secretary of State

Entity Name: CORSICA PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD #309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD #309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0984886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY, LEVINE S P.A.
3300 PGA BLVD STE 530
PALM BEACH GARDENS, FL 33410 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: PT
Name: CHESKES, ROBERT
Address: 8094 FLORENZA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: SD
Name: BAIER, JUDY
Address: 8335 DUOMO CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP
Name: FRIEDLANDER, ROBERT
Address: 8154 DUOMO CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP
Name: SCHWARTZ, SHARNA
Address: 8099 FLORENZA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D
Name: FALLAVOLLITA, AL
Address: 8327 DUOMO CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby 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 all other like empowered.

SIGNATURE: CHARLES MCCHESENEY

LCAM

02/25/2010

Electronic Signature of Signing Officer or Director

_____ Date