



**Companies House**  
— for the record —

**AR01** (ef)

**Annual Return**



XK1WGDZ6

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*Company Name:* **109 FRIERN ROAD MANAGEMENT LIMITED**

*Company Number:* **05252150**

*Date of this return:* **06/10/2009**

*SIC codes:* **9800**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **109 FRIERN ROAD  
LONDON  
SE22 0AZ**

**Officers of the company**

*Company Secretary* **I**

*Type:* **Person**

*Full forename(s):* **GLENYS**

*Surname:* **TURNER**

*Former names:*

*Service Address:* **GARDEN FLAT  
109 FRIERN ROAD  
LONDON  
SE22 0AZ**

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*Company Director* ***I***

*Type:* **Person**

*Full forename(s):* **FABIAN**

*Surname:* **ALEXIS DE SOUZA**

*Former names:*

*Service Address:* **FIRST FLOOR FLAT  
109 FRIERN ROAD  
LONDON  
SE22 0AZ**

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **28/06/1971**

*Nationality:* **BRITISH**

*Occupation:* **ESTATE AGENT**

*Company Director*      **2**

*Type:*                      **Person**

*Full forename(s):*        **GLENYS**

*Surname:*                **TURNER**

*Former names:*

*Service Address:*        **GARDEN FLAT  
109 FRIERN ROAD  
LONDON  
SE22 0AZ**

*Country/State Usually Resident:*   **UNITED KINGDOM**

*Date of Birth:*   **05/01/1960**

*Nationality:*   **BRITISH**

*Occupation:*   **NURSERY NURSE**

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## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>3</b>
<i>Currency</i>	<b>GBP</b>	<i>Aggregate nominal value</i>	<b>75</b>
		<i>Amount paid</i>	<b>0</b>
		<i>Amount unpaid</i>	<b>0</b>
<i>Prescribed particulars</i>	<b>ALL ISSUED SHARES RANK EQUALLY</b>		

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>3</b>
		<i>Total aggregate nominal value</i>	<b>75</b>

### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 06/10/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

## Presenter information

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*Contact Name:*

*Address:*

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## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.