

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 12, 2009
Secretary of State

DOCUMENT# 751021

Entity Name: VECINO DEL MAR OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**7900 NW 155TH STREET
SUITE 205
MIAMI LAKES, FL 33016**New Principal Place of Business:****Current Mailing Address:**7900 NW 155TH STREET
SUITE 205
MIAMI LAKES, FL 33016**New Mailing Address:****FEI Number:** 65-0642558**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BASS, MICHAEL R PA
600 S. ANDREWS AVENUE
6TH FLOOR
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**GRS MANAGEMENT INC
7900 NW 155TH STREET
STE 205
MIAMI LAKES, FL 33016 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: MARIA E. BARRETO

06/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISERN, ROLDAN
Address: 7900 NW 155TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: S () Delete
Name: STREHLE, LAURA
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: T () Delete
Name: DIAZ, ERICK
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: KERNESS, ELTON
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: SUAREZ, JORGE
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: MILANES, EVER
Address: 7900 NW 155TH STREET 205
City-St-Zip: MIAMI LAKES, FL 33016

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: ROLDAN ISERN

PRES

06/12/2009

Electronic Signature of Signing Officer or Director

Date