2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751246

FILED Mar 26, 2009 Secretary of State

Entity Name: 84 SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11784 W SAMPLE RD 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 #103 CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 11784 W SAMPLE RD 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 #103 CORAL SPRINGS, FL 33065 FEI Number: 59-2037519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED COMMUNITY MGMT, CORP UNITED COMMUNITY MANAGEMENT CORP 11784 WEST SAMPLE ROAD 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 US #103 CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL 03/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TULLER, CHRIS TULLER, CHRIS Name: Name: 11784 W. SAMPLE RD Address: 11784 W. SAMPLE RD Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: Title: (X) Change () Addition () Delete FIGUEROA, SAMANTHA Name: FIGUEROA, SAMANTHA Name: Address: 264 W. RIVERBEND DRIVE Address: 264 W. RIVERBEND DRIVE City-St-Zip: SUNRISE, FL 33326 City-St-Zip: SUNRISE, FL 33326 Title: () Delete Title: (X) Change () Addition BADTKE, PAULINE Name: BADTKE, PAULINE Name: 15705 W WATERSIDE CIRCLE #106 15705 W WATERSIDE CIRCLE #106 Address: Address: City-St-Zip: SUNRISE, FL 33326 City-St-Zip: SUNRISE, FL 33326 Title: () Delete Title: VPD () Change (X) Addition Name: Name: EDWARDS, PATRICIA 256 LAKESIDE CIRCLE Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33326 Title: () Delete Title: SD () Change (X) Addition LINDAUER, FRANK Name: Name: 308 LAKESIDE COURT Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33326 Title: () Delete Title: () Change (X) Addition WILLIAMS, JOHN Name: Name: Address: Address: 820 SOUTH WIND CIRCLE SUNRISE, FL 33326 City-St-Zip: 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: MARY LOU PALMER AGT 03/26/2009