2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N01000006972

Entity Name: SHOPPES AT FIDDLESTICKS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6735 TELEGRAPH ROAD, SUITE 110
BLOOMFIELD HILLS, MI 48301

New Principal Place of Business:

Current Mailing Address:

6735 TELEGRAPH ROAD, SUITE 110
BLOOMFIELD HILLS, MI 48301

New Mailing Address:

FEI Number: 59-3750531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: GORGE, MICHAEL
Address: 6735 TELEGRAPH ROAD, SUITE 110
City-St-Zip: BLOOMFIELD HILLS, MI 48301

Title: V ( ) Delete
Name: GOLDBERG, THOMAS
Address: 6735 TELEGRAPH ROAD, SUITE 110
City-St-Zip: BLOOMFIELD HILLS, MI 48301

Title: STD ( ) Delete
Name: GOLDBERG, FREDERICK
Address: 6735 TELEGRAPH ROAD, SUITE 110
City-St-Zip: BLOOMFIELD HILLS, MI 48301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GORGE, MICHAEL D
Address: 6735 TELEGRAPH ROAD, SUITE 110
City-St-Zip: BLOOMFIELD HILLS, MI 48301

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: MICHAEL D. GORGE PD 01/26/2009

Electronic Signature of Signing Officer or Director — Date