2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009880

Entity Name: TALAVERA ASSOCIATION, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414

C/O WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

C/O WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414

C/O WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

FEI Number: 20-0408751 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:

NEWSHOME, JOHN
3461-B FAIRLANE FARMS RD.
WELLONGTON, FL 33414 US

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 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: JOHN NEWSOME 02/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PS () Delete Title: PT (X) Change () Addition

 Name:
 ASFAHL, PAUL W PS
 Name:
 HELLINGER, ANDREW B

 Address:
 POB 10337
 Address:
 235 ALTARA AVE

 City-St-Zip:
 BOCA RATON, FL 33481
 City-St-Zip:
 CORAL GABLES, FL 33146

Title: T () Delete Title: VPS (X) Change () Addition Name: NOONAN, DENNIS M T Name: COULTER, LYNN M

 Name:
 NOONAN, DENNIS M T
 Name:
 COULTER, LYNN M

 Address:
 POB 810337
 Address:
 235 ALTARA AVE

City-St-Zip: BOCA RATON, FL 33481 City-St-Zip: CORAL GABLES, FL 33146

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: ANDREW HELLINGER PT 02/12/2009