2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N06000003045

Entity Name: VILLAGE WALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12895 SW 132 STREET
SUITE 200
MIAMI, FL 33186

New Principal Place of Business:

1145 SAWGRASS CORP PKWY.
SUNRISE, FL 33323

Current Mailing Address:

12895 SW 132 STREET
SUITE 200
MIAMI, FL 33186

New Mailing Address:

1145 SAWGRASS CORP PKWY.
SUNRISE, FL 33323

FEI Number: 20-4521299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, WILLIAM
12895 SW 132 STREET
SUITE 100
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 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: LEIGH C. KATZMAN, ESQ. 03/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PLESCIA, NANETTE
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: VPD ( ) Delete
Name: PEREZ, FRANCISCO
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete
Name: PEREDO, MICHAEL
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete
Name: ALLEGUE, LOURDES
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

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: S (X) Change ( ) Addition
Name: PEREDO, MICHAEL
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

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: NANETTE PLESCIA P 03/25/2009
Electronic Signature of Signing Officer or Director — Date