2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000004440

Entity Name: HAVANA PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5835 BLUE LAGOON DR - STE 200
MIAMI, FL 33126

New Principal Place of Business:

5835 BLUE LAGOON DR - STE 100
MIAMI, FL 33126

Current Mailing Address:

5835 BLUE LAGOON DR - STE 200
MIAMI, FL 33126

New Mailing Address:

5835 BLUE LAGOON DR - STE 100
MIAMI, FL 33126

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF ANIBAL J. DUARTE-VIERA, PA
5835 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

LAW OFFICES OF ANIBAL J. DUARTE-VIERA, PA
5835 BLUE LAGOON DR
STE 100
MIAMI, FL 33126 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: ANIBAL DUARTE 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE LA CAMPA, GABRIEL
Address: 5835 BLUE LAGOON DR - STE 200
City-St-Zip: MIAMI, FL 33126

Title: VPD ( ) Delete
Name: DUARTE-VIERA, ANIBAL J
Address: 5835 BLUE LAGOON DR - STE 200
City-St-Zip: MIAMI, FL 33126

Title: STD ( ) Delete
Name: NUNEZ, ADY
Address: 5835 BLUE LAGOON DR - STE 200
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DE LA CAMPA, GABRIEL
Address: 5835 BLUE LAGOON DR - STE 100
City-St-Zip: MIAMI, FL 33126

Title: VPD (X) Change ( ) Addition
Name: DUARTE-VIERA, ANIBAL J
Address: 5835 BLUE LAGOON DR - STE 100
City-St-Zip: MIAMI, FL 33126

Title: STD (X) Change ( ) Addition
Name: NUNEZ, ADY
Address: 5835 BLUE LAGOON DR - STE 100
City-St-Zip: MIAMI, FL 33126

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: GABRIEL DE LA CAMPA PRES 04/29/2009
Electronic Signature of Signing Officer or Director — Date