2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N07260

Entity Name: SANS SOUCI GATED HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1987 NE 119 ROAD
NORTH MIAMI, FL 331813321 US

New Principal Place of Business:

Current Mailing Address:

1987 NE 119 ROAD
NORTH MIAMI, FL 331813321 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

QUIRINO, GABRIELLA
1987 NE 119 ROAD
NORTH MIAMI, FL 33181 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: P ( ) Delete
Name: LONG, ERINE
Address: 1935 NE 119 ROAD
City-St-Zip: N MIAMI, FL 33181 US

Title: T ( ) Delete
Name: QUIRINO, GABRIELLA
Address: 1987 NE 119 RD
City-St-Zip: N MIAMI, FL 33181 US

Title: VP ( ) Delete
Name: GOLDSTEIN, STEVE
Address: 1962 NE 119 RD
City-St-Zip: N MIAMI, FL 33181 US

Title: S ( ) Delete
Name: GOLDSMITH, MALCOLM
Address: 2072 NE 121 ROAD
City-St-Zip: N MIAMI, FL 33181 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: OLIN, JON
Address: 2052 NE 120 ROAD
City-St-Zip: N MIAMI, FL 33181 US

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: GABRIELLA QUIRINO TREA 03/02/2009

Electronic Signature of Signing Officer or Director — Date