2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Mar 25, 2009 DOCUMENT# N13127 Secretary of State

Entity Name: RABBIT HOLLOWE HOMEOWNERS' ASSOCIATION, INC.

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

2235 RABBIT HOLLOWE CIR 2325 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

P.O. BOX 8645 DELRAY BEACH, FL 33482

FEI Number: 59-2743573 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:

BRESSLER, JOSHUA R GELFAND, MICHAEL J 2235 RABBÍT HOLLOWE CIR. 1555 PALM BEACH LAKES BOULEVARD DELRAY BEACH, FL 33445 US SUITE 1220

WEST PALM BEACH, FL 33401 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: MICHAEL J. GELFAND 03/25/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

DELRAY BEACH, FL 33445

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DELRAY BEACH, FL 33445

() Delete (X) Change () Addition BRESSLER, JOSHUA R NOELL, DEBORAH Name: Name: 2235 RABBIT HOLLOWE CIR. Address: 2410 RABBIT HOLLOWE CIRCLE Address: City-St-Zip: DELRAY BEACH, FL 33445 US City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VD Title: (X) Change () Addition () Delete

APTAKER, ED Name: LALWANI, DEBORAH Name:

Address: 2340 RABBIT HOLLOWE CIRCLE Address: 2305 RABBIT HOLLOWE CIRCLE City-St-Zip: DELRAY BEACH, FL 33445 US City-St-Zip: DELRAY BEACH, FL 33445 US

Title: () Delete Title: TD (X) Change () Addition WINEINGER, JEFF FUSS, STEPHEN Name: Name:

2160 RABBIT HOLLOWE CIR. 2325 RABBIT HOLLOWE CIRCLE Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete Title: SD (X) Change () Addition Name: NOELL, DEBORAH Name: OLSHER, JOHANNAH 2410 RABBIT HOLLOWE CIR. 2200 RABBIT HOLLOWE CIRCLE Address: Address:

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.

City-St-Zip:

SIGNATURE: DEBORAH NOELL PD 03/25/2009