2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N17756

Entity Name: SEVEN ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE SEVEN ISLES DRIVE
FT. LAUDERDALE, FL 333011590

New Principal Place of Business:

Current Mailing Address:

1322 SE 17 STREET
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0000432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, JAMES W
1322 SE 17 STREET
FT. LAUDERDALE, FL 33316 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: VPD ( ) Delete
Name: LIETZ, ROBERT
Address: 2424 CASTILLA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD ( ) Delete
Name: STEINHOLZ, HOWARD
Address: 5600 BARBELONA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete
Name: MASHEK, CAROL
Address: 2614 CASTILLA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD ( ) Delete
Name: COLIN, MARK
Address: 2406 AQUA VISTA BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

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: ( ) 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: ROBERT LIETZ VPD 04/14/2009

Electronic Signature of Signing Officer or Director — Date