2007 NOT-FOR-PROFIT CORPORATION

Secretary of State ANNUAL REPORT 02-19-2007 90060 006 ****61.25 **DOCUMENT # N34914** 1. Entity Name L'ETOILE HOMEOWNERS' ASSOCIATION, INC. 4002041* Principal Place of Business Mailing Address 2035 HARDING STREET 2035 HARDING STREET SUITE 200 SUITE 200 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 01292007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0207180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAYE, ROBERT ASSOC. DO NOT WRITE 6261 NW 6 WAY #103 IN THIS SPACE FT LAUDERDALE, FL 33309 8. 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. I am familiar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. ΡŊ DITE NAME FICHTEL MARC STREET ADDRESS 3605 TUSCANY DR CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE NAME OHAYON, MICHAEL STREET ADDRESS 3730 AMALFI DR CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE NAME BARNOVON, PATSY STREET ADDRESS 3625 WEST MINISTER STREET DO NOT WRITE CITY-ST-7IP HOLLYWOOD, FL 33021 TITLE IN THIS SPACE MORGULIS, MIKHAIL NAME STREET ADDRESS 3890 AMALFI DRIVE CITY-ST-ZIP HOLLYWOOD, FL 33021 RECEIVED TITLE NAME CROWE, BARBARA L STREET ADDRESS 3625 MURANO DRIVE FEB 1 2 2007 CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE CIU REV/ADM

12. Thereby certify that the informal indicated on this report or subtraction of the corporation or the relief changed, or on an attachrishit. on supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information emental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BERMAN, AUDRA

3135 N 36TH AVE

HOLLYWOOD, FI 33021

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED Feb 19, 2007 8:00 am