2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N43590

Entity Name: FAY'S COVE AT CORAL BAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

8360 W. OAKLAND PARK BLVD
SUITE 301
FORT LAUDERDALE, FL 33351 US

New Principal Place of Business:

1133 S UNIVERSITY DRIVE
SUITE 211
PLANTATION, FL 33324 US

Current Mailing Address:

% ALLIANCE PROPERTY SYSTEMS
PO BOX 452199
FORT LAUDERDALE, FL 33345

New Mailing Address:

% ALLIANCE PROPERTY SYSTEMS
PO BOX 19439
PLANTATION, FL 33318

FEI Number: 65-0404365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALANCY, STEVE
311 SE 13TH 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: D/P ( ) Delete
Name: MCGUIRE, NINA A
Address: 6386 BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: P ( ) Delete
Name: ALDRICH, LISA K
Address: 6416 ROCK BEAUTY TERR
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: HALL, JOHN
Address: 6421 FRENCH ANGEL TERRACE
City-St-Zip: MARGATE, FL 33063

Title: SEC (X) Delete
Name: HOLLANDER, MARIA
Address: 3373 BLUE RUNNER LANE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: ALDRICH, LISA K
Address: 6416 ROCK BEAUTY TERRACE
City-St-Zip: MARGATE, FL 33063

Title: SEC (X) Change ( ) Addition
Name: HOLLANDER, MARIANNA
Address: 3373 BLUE RUNNER LANE
City-St-Zip: MARGATE, FL 33063

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: LISA K ALDRICH PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date