2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# 728578

Entity Name: THE CLINTON ASSOCIATION, INC.

Current Principal Place of Business:

6545 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6545 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-1521822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILANES, DOLORES
6545 INDIAN CREEK #209
MIAMI, FL 33141 US

Name and Address of New Registered Agent:

MILANES, DOLORES
6545 INDIAN CREEK DR.
209
MIAMI, FL 33141 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: _____ 01/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	LAGO, MARIA E	
Address:	6545 INDIAN CREEK DR #509	
City-St-Zip:	MIAMI, FL 33141	
Title:	PD	( ) Delete
Name:	MILANES, DOLORES	
Address:	6545 INDIAN CREEK DR #209	
City-St-Zip:	MIAMI, FL 33141	
Title:	VP	( ) Delete
Name:	ALVARREDA, OSCAR	
Address:	6545 INDIAN CREEK APT 503	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	SD	( ) Delete
Name:	LANGE, ALICIA	
Address:	6545 INDIAN CREEK #205	
City-St-Zip:	MIAMI, FL 33141	
Title:	BM	( ) Delete
Name:	COSTALES, GLADYS	
Address:	1623 COLLINS AVE., #714	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	SALAS, LAURA	
Address:	6545 INDIAN CREEK DR #504	
City-St-Zip:	MIAMI BEACH, FL 33141	

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:	
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: DOLORES MILANES MS 01/25/2009
Electronic Signature of Signing Officer or Director — Date