2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

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Entity Name: SECRET POND P.U.D. HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O A&N MANAGEMENT INC
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

New Principal Place of Business:

C/O A&N MANAGEMENT, INC
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

Current Mailing Address:

C/O A&N MANAGEMENT INC
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

New Mailing Address:

C/O A&N MANAGEMENT, INC
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

FEI Number: 59-3745097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: S ( ) Delete
Name: GERBER, SCOTT
Address: 4817 NW 72ND PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD ( ) Delete
Name: HOSFORD, JOHN
Address: 7104 NW 48TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD ( ) Delete
Name: GERBER, SCOTT
Address: 4817 NW 72ND PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T ( ) Delete
Name: SWIFT, NANCY
Address: 7114 NW 48TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: GERBER, SCOTT
Address: 4817 NW 72ND PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GERBER, SCOTT
Address: 4817 NW 72ND PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD (X) Change ( ) Addition
Name: SWIFT, NICOLE
Address: 7114 NW 48TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

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: JOHN HOSFORD PRES 03/03/2009

Electronic Signature of Signing Officer or Director — Date