2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N94000000321

Entity Name: SAINT HUGH OAKS VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

11981 SW 144 CT
SUITE #201
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11981 SW 144 CT
SUITE #201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0576847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRID,INC
201 ALHAMBRA CIRCLE,#1102
MIAMI, FL 33134 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: PD ( ) Delete
Name: WALL, CRAIG S
Address: 3613 SOUTH DOUGLAS
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete
Name: BRALOWS, TED
Address: 3667 MABLE AVE
City-St-Zip: MIAMI, FL 33133

Title: TS ( ) Delete
Name: BILA, JOSH
Address: 3617 SW 37 AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: SALVATORE, VOLPE
Address: 1341 NW 20 ST.
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: SILVIO, MAURER
Address: 6540 SW 64 CT.
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: WALL, CRAIG S
Address: 3613 S.W. 37 AVE.
City-St-Zip: MIAMI, FL 33133

Title: S (X) Change ( ) Addition
Name: GEHA, SHEILA
Address: 3633 S.W. 37 AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: P (X) Change ( ) Addition
Name: BILA, JOSE
Address: 3617 SW 37 AVE
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change ( ) Addition
Name: SALVATORE, VOLPE
Address: 1341 NW 20 ST.
City-St-Zip: MIAMI, FL 33142

Title: VP (X) Change ( ) Addition
Name: SILVIO, MAURER
Address: 3611 S.W. 37 AVE.
City-St-Zip: COCONUT GROVE, FL 33133

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: JOSE BILA P 03/18/2009

Electronic Signature of Signing Officer or Director — Date