2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N00000001784

Entity Name: PROSPERITY PINES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% CAPITAL REALTY ADVISORS INC.
600 SANDTREE DR., SUITE 109
PALM BEACH GARDENS, FL 33403

New Principal Place of Business:

Current Mailing Address:

% CAPITAL REALTY ADVISORS INC.
600 SANDTREE DR., SUITE 109
PALM BEACH GARDENS, FL 33403

New Mailing Address:

FEI Number: 65-1097066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDONALD, DONNA
% CAPITAL REALTY ADVISORS INC.
600 SANDTREE DR., SUITE 106
PALM BEACH GARDENS, FL 33403 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: T ( ) Delete
Name: BERGAMN, LEWIS
Address: 210 LANE PINE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD ( ) Delete
Name: WARD, KATHLEEN
Address: 193 LONE PINE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES ( ) Change (X) Addition
Name: JACKS, PATRICK
Address: 207 LONE PINE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Change (X) Addition
Name: PANE, DEBORAH
Address: 224 LONE PINE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR ( ) Change (X) Addition
Name: VOLKER, KIRK
Address: 200 LONE PINE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: KATHY WARD SEC 03/13/2009

Electronic Signature of Signing Officer or Director — Date