2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# 701780

Entity Name: TROPICAL AUDUBON SOCIETY INCORPORATED

Current Principal Place of Business:

5530 SUNSET DRIVE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5530 SUNSET DRIVE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-6147345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, LAURA L
5530 SUNSET DR.
MIAMI, FL 33143 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: BARROS, JOE
Address: 5825 BLUE RD.
City-St-Zip: MIAMI, FL 33155

Title: 1VPD ( ) Delete
Name: RAPOZA, BRIAN
Address: 14525 SW 88 STREET, J-207
City-St-Zip: MIAMI, FL 33186

Title: 2VPD ( ) Delete
Name: STIENBERG, ALAN
Address: 1501 VENERA, STE. 205
City-St-Zip: CORAL GABLES, FL 33146

Title: 3VP ( ) Delete
Name: OLLE, DENNIS
Address: 934 ANDRES AVE.
City-St-Zip: MIAMI, FL 33134

Title: TD ( ) Delete
Name: PARDO, GEORGINA
Address: 6800 SW 67 ST
City-St-Zip: MIAMI, FL 33143

Title: SD ( ) Delete
Name: RYDER, MARGEE
Address: 100 SE SECOND STREET
City-St-Zip: MIAMI, FL 33131

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: 3VPD (X) Change ( ) Addition
Name: OLLE, DENNIS
Address: 934 ANDRES AVE.
City-St-Zip: MIAMI, FL 33134

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

Title: 4VPD (X) Change ( ) Addition
Name: MILLEDGE, LEWIS
Address: 1235 CATALONIA
City-St-Zip: CORAL GABLES, FL 33134

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: DENNIS J. OLLE 3VPD 05/05/2009

Electronic Signature of Signing Officer or Director — Date