2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720557

FILED Mar 19, 2009 Secretary of State

Entity Name: THE NORLANDER, INC.

Current Principal Place of Business: New Principal Place of Business:

% ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US

New Mailing Address: Current Mailing Address:

% ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US

FEI Number: 59-1499810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WENNING, JOAN ROBILLARD, LINDA P Name: Name: 817 S. FEDERAL HWY #3 Address: 817 SO. FEDERAL HWY #4 Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: STD Title: (X) Change () Addition () Delete

PIERSON, CYNTHIA Name: WENNING, JOAN V Name:

Address: POB 6154 Address: 242 SPRING STREET - POB 473

City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: ST HENRY, OH 45883

Title: () Delete Title: (X) Change () Addition

ROBILLARD, LINDA CLOVER, KRISTEN ST Name: Name: 817 SO. FEDERAL HWY #4 Address: Address: 817 SO. FEDERAL HWY #8 City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

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 MATH, APM **AGT** 03/19/2009