2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 728919

Entity Name: EMBASSY HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

770 SOUTH PALM AVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 59-1666991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP
595 BAY ISLES RD
SUITE 200
LONGBOAT KEY, FL 34228 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: D ( ) Delete
Name: ROESSLER, LEONARD
Address: 770 S. PALM AVE. #903
City-St-Zip: SARASOTA, FL 34236

Title: STD ( ) Delete
Name: SLUSSER, JACK F
Address: 770 S. PALM AVE, 1502
City-St-Zip: SARASOTA, FL 34236

Title: VD ( ) Delete
Name: LUCAS, ALLISON
Address: 770 SO PALM 704
City-St-Zip: SARASOTA, FL 34236

Title: PD ( ) Delete
Name: MARTIN, ADAM
Address: 770 S. PALM AVE #301
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: MAGEL, ROBERT H
Address: 770 S PALM AVE, 1701
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROESSLER, LEONARD
Address: 770 S. PALM AVE. #903
City-St-Zip: SARASOTA, FL 34236

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

Title: D (X) Change ( ) Addition
Name: BOYLAN, DR. PAUL
Address: 770 S. PALM AVE, 201
City-St-Zip: SARASOTA, FL 34236

Title: VD (X) Change ( ) Addition
Name: MARTIN, ADAM
Address: 770 S. PALM AVE #301
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change ( ) Addition
Name: NAGEL, ROBERT H
Address: 770 S PALM AVE, 1701
City-St-Zip: SARASOTA, FL 34236

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: LEONARD ROESSLER P 04/20/2009

Electronic Signature of Signing Officer or Director — Date