2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737593

FILED Apr 03, 2009 Secretary of State

Entity Name: MARALAGO CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
% ED SILV. 4047 5TH A LANTANA,	AVE.	US		C/O DOUG 4139 2ND (LANTANA,		US	
Current Mailing Address:				New Mailing Address:			
% ED SILV. 4047 5TH A LANTANA,	AVE.	US		C/O DOUG 4139 2ND (LANTANA,		US	
FEI Number:	59-2667502	FEI Number Applied For ()	FEI Nur	nber Not Appli	icable ()	Certificate	of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of I	New Regist	ered Agent:
SPENCER, 6392 SOUT LANTANA,	ΓΗ GUAVA LA	NNE US		SMITH, DC 4139 2ND 0 LANTANA,	COURT	US	
The above in the State		submits this statement for the pu	rpose o	of changing it	ts registered o	office or regi	istered agent, or both,
SIGNATUR	RE: DOUGLA					04/0	03/2009
	Electror	nic Signature of Registered Agen	nt			Da	ıte
OFFICERS	AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFIC	ERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () SILVA, ED 4047 5TH AVE. LANTANA, FL 3			Title: Name: Address: City-St-Zip:	P (X GROSSO, DON 4162 2ND COU LANTANA, FL	JRT	Addition
Title: Name: Address: City-St-Zip:	VP () GROSSO, DON 4162 2ND COU LANTANA, FL 3	IRT		Title: Name: Address: City-St-Zip:	ERWOOD, CH 6134 JOSHUA	LANE N	Addition
Title: Name: Address: City-St-Zip:	S () SPENCER, JOH 6392 SOUTH G LANTANA, FL 3	UAVA LANE		Title: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	T () ERWOOD, CHA 6134 NORTH J LANTANA, FL	OSHUA LANE		Title: Name: Address: City-St-Zip:	T (X SMITH, DOUGI 4139 2ND COU LANTANA, FL	JRT	Addition
Title: Name: Address: City-St-Zip:	D () BARNETT, JAC 6327 DOGWOO LANTANA, FL :	DD LAKE		Title: Name: Address: City-St-Zip:	() Change().	Addition
Title: Name: Address: City-St-Zip:	D () DIEDRICH, MA 4159 4TH COU LANTANA, FL	RT		Title: Name: Address: City-St-Zip:	() Change()	Addition

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: DOUGLAS SMITH TREA 04/03/2009