2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738271

FILED Mar 13, 2009 Secretary of State

Entity Name: DELVISTA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11784 WEST SAMPLE ROAD 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 #103 CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 11784 WEST SAMPLE ROAD 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 #103 CORAL SPRINGS, FL 33065 FEI Number: 59-2168986 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: UNITED COMMUNITY MGMT CORP UNITED COMMUNITY MGMT CORP 11784 WEST SAMPLE ROAD 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 US #103 CORAL SPRINGS, FL 33065 US 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: RENEE CAMPBELL 03/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NICHOLLS, JOHN VAKNIN, SMADAR Name: Name: 20314 NE 34 COURT Address: 20248 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180 Title: Title: PD () Delete (X) Change () Addition HODUS, JACK Name: HODUS, JACK Name: Address: 20212 NE 34 COURT Address: 20212 NE 34 COURT City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180 Title: () Delete Title: () Change () Addition WEINRED, BOB Name: Name: Address: 20448 NE 24TH COURT Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: () Delete Title: () Change () Addition Name: AUGUST, ELAINE Name: Address: 20212 NE 34 COURT Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: () Delete Title: () Change (X) Addition FAREN, IRENE Name: Name: 20489 NE 34 COURT Address: Address: City-St-Zip: City-St-Zip: AVENTURA, FL 33180

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: MARY LOU PALMER AGT 03/13/2009