2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#745208

FILED Jan 13, 2009 Secretary of State

Entity Name: SAUSALITO HOMEOWNERS ASSOCIATION, INC.

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

3543 SOUTH OCEAN BLVD. SOUTH PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

3543 SOUTH OCEAN BLVD. SOUTH PALM BEACH, FL 33480

FEI Number: 59-1870173 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:

ERVIN, RENE 3543 SOUTH OCEAN BLVD. SUITE 105 SOUTH PALM BEACH, FL 33480 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GLENN, EVE
 Name:
 MUNDY, CHRISTOPHER

 Address:
 3543 S OCEAN BLVD #106
 Address:
 3543 S OCEAN BLVD #104

 City-St-Zip:
 S PALM BEACH, FL 33480
 City-St-Zip:
 S PALM BEACH, FL 33480

Title:SP () DeleteTitle:SD (X) Change () AdditionName:ERVIN, TOMName:SERAFIMOVICH, MICHAELAddress:3543 SOUTH OCEAN BLVD SUITE 105Address:3543 SOUTH OCEAN BLVD #109

City-St-Zip: S PALM BEACH, FL 33480 City-St-Zip: S PALM BEACH, FL 33480

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

 Name:
 ERVIN, RENE
 Name:
 GOLDBERG, BRIAN

 Address:
 3543 S OCEAN BLVD #105
 Address:
 3543 S OCEAN BLVD #115

 City-St-Zip:
 S PALM BEACH, FL 33480
 City-St-Zip:
 S PALM BEACH, FL 33480

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

 Name:
 LEBEDEKER, JANET
 Name:

 Address:
 3543 SOUTH OCEAN BLVD SUITE 106
 Address:

 City-St-Zip:
 SOUTH PALM BEACH, FL 33480
 City-St-Zip:

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: MICHAEL SERAFIMOVICH SD 01/13/2009