2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746926

FILED Jan 06, 2009 Secretary of State

Entity Name: PATIO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 364 NW 65 TERRACE (33317) PLANTATION, FL 333172468 **Current Mailing Address: New Mailing Address:** PO BOX 15002 PLANTATION, FL 333185335 FEI Number: 59-1971490 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: REGNIER, TERRY 364 NW 65 TERR. PLANTATION, FL 33317 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: () Delete () Change () Addition REGNIER, TERRY, Name: Name: 364 NW 65 TERR. Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition DEAN, JOAN Name: MULAC, GARY Name: Address: 373 NW 65 TERRACE Address: 349 NW 65 TERRACE City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 Title: () Delete Title: (X) Change () Addition BEBKO, PHYLLIS VALENTINO, FLORENCE Name: Name: 450 NW 68 AVE Address: Address: 281 NW 65 TERRACE City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 () Delete Title: Title: () Change () Addition Name: RADER, BILL Name: Address: 274 NW 65 TERRACE Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition GARDNER, ROSE MARIA Name: Name: 470 NW 66 AVE Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: (X) Change () Addition MULAC, MICHELLE MONTGOMERY, BARBARA Name: Name: Address: 361 NW 65 AVE Address: 334 NW 65 TERRACE PLANTATION, FL 33317 PLANTATION, FL 33317 City-St-Zip: 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: TERRY R REGNIER MR 01/06/2009