2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 753632

Entity Name: NEW FLORESTA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MITCHELL MANAGEMENT
2081 NW 25TH STREET
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

C/O MITCHELL MANAGEMENT
2081 NW 25TH STREET
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2746794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNER, LARRY E P.A.
750 SOUTH DIXIE HIGHWAY
BOCA RATON, FL 33432 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: DVS ( ) Delete
Name: HAMMER, DOUG
Address: 2940 NW 28TH TERRACE
City-St-Zip: BOCA RATON, FL 33434

Title: VD ( ) Delete
Name: OETZMAN, PAUL
Address: 2720 NW 28TH TERRACE
City-St-Zip: BOCA RATON, FL 33434

Title: DP ( ) Delete
Name: CAMPOLO, PAT
Address: 2890 28TH TERRACE
City-St-Zip: BOCA RATON, FL 33434

Title: TD ( ) Delete
Name: CARROLL, KEVIN
Address: 2685 NW 27TH AVE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: PAT CAMPOLO DP 02/02/2009

Electronic Signature of Signing Officer or Director — Date