2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 763504

Entity Name: SUNFLOWER MARGATE ASSOCIATION, INC.

Current Principal Place of Business:

POB OX 772488
CORAL SPRINGS, FL 33077

New Principal Place of Business:

7807 SUNFLOWER DRIVE
MARGATE, FL 33063

Current Mailing Address:

POB OX 772488
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 65-0034273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBERLAIN, DAVID
7709 NW 20TH STREET
MARGATE, FL 33063 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: S ( ) Delete
Name: ROBINSON, DEANNE
Address: 7610 NW 18 CT
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: GOONAN, PATRICK
Address: 7807 SUNFLOWER DR
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: BARON, JOAN
Address: 7703 SUNFLOWER DR
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: POLICELLA, JOHN
Address: 1801 NW 80TH AVE
City-St-Zip: MARGATE, FL

Title: D ( ) Delete
Name: RONDI, NICKY
Address: 1910 NW 79TH TERRACE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: SANDIDGE, FRANK
Address: 7808 SUNFLOWER DRIVE
City-St-Zip: MARGATE, FL 33063

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:

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: DAVID CHAMBERLAIN PRES 03/05/2009

Electronic Signature of Signing Officer or Director — Date