2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765420

FILED Mar 28, 2009 Secretary of State

Entity Name: THE HAYLOFTS OF CORAL SPRINGS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5521 UNIVERSITY DRIVE - SUITE 104 1184 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067 #103 CORAL SPRINGS, FL 33065 US **Current Mailing Address: New Mailing Address:** 5521 UNIVERSITY DRIVE - SUITE 104 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067 US #103 CORAL SPRINGS, FL 33065 US FEI Number: 59-2261818 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: JOHN B. ROGERS, P.A UNITED COMMUNITY MANAGEMENT CORP 5521 UNIVERSITY DRIVE - SUITE 104 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067 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 03/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FISHMAN, SETH Name: Name: 4011 CORAL SPRINGS DR Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: (X) Delete Title: () Change () Addition TOWNE, ELLIE Name: Name: Address: 3975 CORAL SPRINGS DR Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: (X) Delete Title: () Change () Addition HOFFMAYER, MARK Name: Name: 4075 CORAL SPRINGS DR Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: SDTD (X) Delete Title: () Change () Addition Name: FISH, SETH Name: 3947 CORAL SPRINGS DR Address: Address: City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition BRUEN, WARREN Name: Name: BRUEN, WARREN 4049 CORAL SPRINGS DR 4047 CORAL SPRINGS DR Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

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 PLAMER AGT 03/28/2009