2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766569

FILED Apr 27, 2009 Secretary of State

Entity Name: HERITAGE OF SANS SOUCI CONDOMINIUM ASSOCIATION, INC.

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

1725 NE 116TH RD. MIAMI, FL 33181 US

Current Mailing Address: New Mailing Address:

1725 NE 116TH RD. MIAMI, FL 33181 US

FEI Number: 59-2153842 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:

USA SERVICES USA MANAGEMENT 6915 TAFT ST. 6915 TAFT ST.

HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 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: PAUL J SHAIPRO 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MILLER, BETTY
 Name:
 MILLER, BETTY

 Address:
 2107 NE 122 STREET
 Address:
 2107 NE 122 STREET

 City-St-Zip:
 N. MIAMI, FL 33181
 City-St-Zip:
 N. MIAMI, FL 33181

Title: SD () Delete Title: DVP (X) Change () Addition Name: GIL, WALTER SIL, WALTER

Address: 1195 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134
Address: 1195 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134
City-St-Zip: CORAL GABLES, FL 33134

Name: MOTTLE, KATHY Name: MOTTLE, KATHY

 Address:
 19204 N.E. 25TH AVENUE
 #312
 Address:
 19204 N.E. 25TH AVENUE
 #312

 City-St-Zip:
 AVENTURA, FL 33180 US
 City-St-Zip:
 AVENTURA, FL 33180 US
 AVENTURA, FL 33180 US

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

 Name:
 AQUIRRE, EMILY
 Name:

 Address:
 1510 N.E. 138TH STREET
 Address:

 City-St-Zip:
 NORTH MIAMI, FL 33161 US
 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: BETTY MILLER P 04/27/2009