2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 769282

Entity Name: KINGS MEADOW MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O LAND CAP PROPERTY SVE
13800 SW 144 AVE. RD.
MIAMI, FL 33186 US

New Principal Place of Business:

C/O LAND CAP PROPERTY SERVICES
13800 SW 144 AVE. RD.
MIAMI, FL 33186 US

Current Mailing Address:

C/O LAND CAP PROPERTY SVE
13800 SW 144 AVE. RD.
MIAMI, FL 33186 US

New Mailing Address:

C/O LAND CAP PROPERTY SERVICES
13800 SW 144 AVE. RD.
MIAMI, FL 33186 US

FEI Number: 59-2304699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHEN SUITS
C/O LAND CAP PROPERTY SERVICES
13800 SW 144 AVE RD
MIAMI, FL 33186 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: PD ( ) Delete
Name: BOSTICK, OLGA
Address: 10241 SW 137 PL
City-St-Zip: MIAMI, FL 33186 US

Title: VP ( ) Delete
Name: ARIZMENDY, TATIANA
Address: 9300 SW 137TH AVE
City-St-Zip: MIAMI, FL 33186 US

Title: SD ( ) Delete
Name: ILLAN, JOSE
Address: 9703 SW 138 AVE
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: COBO, RUTH
Address: 8961 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: ARIZMENDY, TATIANA
Address: 9300 SW 137TH AVE
City-St-Zip: MIAMI, FL 33186 US

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

Title: DD (X) Change ( ) Addition
Name: COBO, RUTH
Address: 8961 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

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: OLGA BOSTICK PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date