2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769618

FILED Feb 13, 2009 Secretary of State

Entity Name: FIRST PARK SOUTH FLORIDA ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 15300 PARK OF COMMERCE BLVD JUPITER, FL 33478 **Current Mailing Address: New Mailing Address:** 15300 PARK OF COMMERCE BLVD JUPITER, FL 33478 FEI Number: 59-2209244 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: CALLAHAN, DEE 5313 JOHNS ROAD SUITE 201 TAMPA, FL 33634 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SHAPIRO, JEREMY BONGARD, RANDY Name: Name: 355 ALHAMBRA CIRCLE, STE 805 Address: 15300 PARK OF COMMERCE BLVD. Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: JUPITER, FL 33478 US Title: () Delete Title: () Change () Addition KUCZURBA, DIRK Name: Name: Address: 150 ALHAMBRA CIRCLE SUITE 800 Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: Title: STD () Delete Title: () Change () Addition CALLAHAN, DEE Name: Name: 5313 JOHNS ROAD, SUITE 201 Address: Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip: Title: () Delete Title: () Change (X) Addition ROLLINS, CHARLES Name: Name: 43 ROUTE 46 EAST - SUITE 701 Address: Address: City-St-Zip: City-St-Zip: PINE BROOK, NJ 07050 US

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: DEE CALLAHAN STD 02/13/2009