2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N00000002065

Entity Name: CITY VIEW APARTMENTS, INC.

Current Principal Place of Business:

2828 CORAL WAY
STE 500
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2828 CORAL WAY
STE 500
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1072394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRFOUR SUPPORTIVE HOUSING, INC
2828 CORAL WAY
SUITE 500
MIAMI, FL 33145 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: D ( ) Delete
Name: GARCIA, TERE
Address: 2601 S. BAYSHORE DR., 10TH FL
City-St-Zip: MIAMI, FL 33131

Title: VC ( ) Delete
Name: OJEDA, ALAN
Address: 2828 CORAL WAY SUITE 500
City-St-Zip: MIAMI, FL 33145

Title: SD ( ) Delete
Name: CASALE, FRANKLYN MSGR
Address: 16400 NW 32 AVENUE
City-St-Zip: MIAMI, FL 33054

Title: T ( ) Delete
Name: DANNER, STEPHEN
Address: 1101 BRICKELL AVE., STE 1402
City-St-Zip: MIAMI, FL 33133

Title: P ( ) Delete
Name: BERMAN, STEPHANIE
Address: 115 S. MIAMI AVE., STE. 850
City-St-Zip: MIAMI, FL 33131

Title: CP ( ) Delete
Name: MESSAR, JOHN
Address: 801 BRICKELL AVE, STE. 2450
City-St-Zip: MIAMI, FL 33131

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: STEPHANIE BERMAN CEO 04/24/2009

Electronic Signature of Signing Officer or Director — Date