2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# N00000006076

Entity Name: PARK TERRACES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11784 W. SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11784 W. SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1096940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065 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: WILLIAMS, SCOTT
Address: 2458 NW 98TH LANE
City-St-Zip: SUNRISE, FL 33322

Title: VPD ( ) Delete
Name: SATTY, PAUL
Address: 9840 NW 24TH COURT
City-St-Zip: SUNRISE, FL 33332

Title: SD ( ) Delete
Name: WRIGHT, LINDA
Address: 2310 NW 98 LANE
City-St-Zip: SUNRISE, FL 33332

Title: D ( ) Delete
Name: NIKULAI, FRANCIS
Address: 2120 NW 99 WAY
City-St-Zip: SUNRISE, FL 33332

Title: TD ( ) Delete
Name: RETZLOFF, WENDY
Address: 2030 NW 99 WAY
City-St-Zip: SUNRISE, FL 33332

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D (X) Change ( ) Addition
Name: NIKOLAI, FRANCIS
Address: 2120 NW 99 WAY
City-St-Zip: SUNRISE, FL 33332

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

Title: D ( ) Change (X) Addition
Name: SHERIDAN, CAROLE
Address: 9912 NW 19 PLACE
City-St-Zip: SUNRISE, FL 33322

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 PALMER AGT 03/14/2009

Electronic Signature of Signing Officer or Director — Date