2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007463

FILED Mar 26, 2009 Secretary of State

Entity Name: CAZADORES SOUTH HOMEOWNER'S ASSOCIATION, INC.

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

C/O LAND CAP PROPERTY SVCS 13800 SW 144 AVE RD MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

C/O LAND CAP PROPERTY SVCS 13800 SW 144 AVE RD MIAMI, FL 33186

FEI Number: 03-0432759 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:

SUITS, STEPHEN C/O LAND CAP PROPERTY SERVICES

C/O LÁND CAP PROPERTY SERVICES C/O LÁND CAP PROPERTY SERVICES

MIAMI, FL 33186 US 13800 SW 144 AVE RD MIAMI, FL 33186 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.

SUITS, STEPHEN

SIGNATURE: 03/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: () Change () Addition Name: DYE, JOSHUA W Name:

 Name:
 DYE, JOSHUA W
 Name:

 Address:
 17084 SW 138 CT
 Address:

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:

Title: S () Delete Title: SD (X) Change () Addition

 Name:
 POSSE, STEVEN
 Name:
 FOSSE, STEVEN

 Address:
 17012 SW 138 CT
 Address:
 17012 SW 138 CT

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

 Name:
 AMABLE, DANIEL
 Name:
 AMABLE, DANIEL

 Address:
 13813 SW 170 TER
 Address:
 13813 SW 170 TER

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

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: DANIEL AMABLE PD 03/26/2009