2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02117

Apr 13, 2009 Secretary of State

Entity Name: BUNKER HILL PROPERTY OWNERS ASSOCIATION, INC.

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

543 NW LAKE WHITNEY PLACE

STE. 101

PORT SAINT LUCIE, FL 34986 US

New Mailing Address: Current Mailing Address:

543 NW LAKE WHITNEY PLACE STE. 101

OFFICERS AND DIRECTORS:

PORT SAINT LUCIE, FL 34986 US

FEI Number: 59-2496254 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:

BRISTOL MANAGEMENT SERVICES, INC 543 NW LAKE WHITNEY PLACE STE. 101 PORT SAINT LUCIE, FL 34986

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition PFAFF, MARY ELLEN PFAFF, MARY ELLEN Name: Name:

6804 SE BUNKER HILL DR. Address: 6804 SE BUNKER HILL DR. Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

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

OBERG, MIKE Name: OBERG, MIKE Name: Address: 6793 SE BUNKERHILL DR Address: 6793 SE BUNKERHILL DR

City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

Title: **TREA** () Delete Title: (X) Change () Addition MCCARTHY, CHARLES MCCARTHY, CHARLES Name: Name:

6904 SE BUNKER HILL DR Address: Address: 6904 SE BUNKER HILL DR City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: GAMBLE, PATRICK Name: SKOJEC, ROBERT 6804 SE BUNKER HILL DR. Address: Address: 6756 SE BUNKER HILL DR. City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

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 ELLEN PFAFF **PRES** 04/13/2009