2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 12, 2009
Secretary of State

DOCUMENT# N02716

Entity Name: SUBURBAN PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Principal Place of Business:

C/O BANYAN PROPERTY MANAGEMENT
2328 S CONGRESS AVE SUITE 1-C
WEST PALM BEACH, FL 33461

Current Mailing Address:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Mailing Address:

C/O BANYAN PROPERTY MANAGEMENT
2328 S CONGRESS AVE SUITE 1-C
WEST PALM BEACH, FL 33461

FEI Number: 59-2502792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

DICKER KRIVOK & STOLOFF
181 AUSTRALIAN AVE SOUTH
SUITE 400
WEST PALM BEACH, FL 33461 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: DICKER 09/12/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NOONE, TOM P
Address: 4576 SUBURBAN PINES DR
City-St-Zip: LAKE WORTH, FL 33463

Title: V ( ) Delete
Name: GOODWIN, SANDRA V
Address: 4656 SUBURBAN PINES DR
City-St-Zip: LAKE WORTH, FL 33463

Title: S ( ) Delete
Name: SANCHEZ, JOHN S
Address: 4520 SUBURBAN PINES DR
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete
Name: WILLIAMS, EILEEN T
Address: 4540 SUBURBAN PINES DR
City-St-Zip: LAKE WORTH, FL 33463

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:

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: TOM NOONE PD 09/12/2009
Electronic Signature of Signing Officer or Director — Date