2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N03000001540

Entity Name: SAILPOINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE CONTINENTAL GROUP, INC
11981 SW 144 COURT, SUITE 201
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GROUP, INC
11981 SW 144 COURT, SUITE 201
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 06-1684853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLITE TRUPPMAN, HAROLD B ESQ.
28 WEST FLAGLER STREET
SUITE 201
MIAMI, FL 33130 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: V ( ) Delete
Name: HERNANDEZ, JUAN C
Address: 6971 SW 158 PASSAGE
City-St-Zip: MIAMI, FL 33193

Title: P ( ) Delete
Name: MENDEZ, FELIX
Address: P.O.BOX 144122
City-St-Zip: CORAL GABLES, FL 33114

Title: T ( ) Delete
Name: EDWARDS, MARLON
Address: 15839 SW 68 ST
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Delete
Name: ORTIZ, GISELLA
Address: 15855 SW 71 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: CEBALLOS, WILLIAM
Address: 15865 SW 71 TERRACE
City-St-Zip: MIAMI, FL 33193

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:

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: GISELLA ORTIZ S 04/21/2009

Electronic Signature of Signing Officer or Director — Date