2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006232

FILED Apr 28, 2009 Secretary of State

Entity Name: SONGBIRD SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

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

528 E. PARK AVENUE TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

528 E. PARK AVENUE TALLAHASSEE, FL 32301

FEI Number: 38-3643079 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:

ISAACS, DAN L
431 WAVERLY RD
1SAACS, DAN L
528 E PARK AVE

TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32301 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: DAN ISAACS 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST () Delete Title: DARH (X) Change () Addition Name: PRESTIA, JOEY C Name: PRESTIA, JOEY C

Address: 53 CARDINAL COURT Address: 53 CARDINAL COURT
City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DP () Delete Title: DT (X) Change () Addition Name: MONTPELLIER, BOB Name: MONTPELLIER, BOB

Address: 57 CARDINAL COURT Address: 57 CARDINAL COURT
City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

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

Name: BOWMAN, DAN Name: BOWMAN, DAN Address: 40 STARLING TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

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

 Name:
 Name:
 PIENTA, DAVID

 Address:
 Address:
 53 MEADOWLARK DRIVE

 City-St-Zip:
 City-St-Zip:
 CRAWFORDVILLE, FL 32327

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

 Name:
 Name:
 RUTTER, BOB

 Address:
 Address:
 30 NUTHATCH TRAIL

 City-St-Zip:
 CRAWFORDVILLE, FL 32327

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: BOB MONTPELLIER DT 04/28/2009