2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000001410

Entity Name: PRESTWICK TOWNHOMES AT PLANTATION BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291910
PORT ORANGE, FL 321291910

New Mailing Address:

P.O. BOX 291910
PORT ORANGE, FL 32129

FEI Number: 04-3785195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHATLEY, NANCY D
103 A NORTH LAKE D12
2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

CHATLEY, NANCY D
2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119 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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROUSSE, GREGORY
Address: 103 A NROTH LAKE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: ROSS, DOUGLAS
Address: 2379 BEVILLE RD
City-St-Zip: S DAYTONA, FL 32119

Title: STD ( ) Delete
Name: SMITH, RICHARD
Address: 2379 BEVILLE RD
City-St-Zip: S DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROUSSE, GREGORY
Address: 100 PLANTATION BAY DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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: GREGORY BROUSSE P/D 04/14/2009
Electronic Signature of Signing Officer or Director — Date