2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010329

FILED Feb 12, 2007 Secretary of State

Entity Name: HEMINGWAY OWNERS' ASSOCIATION, INC.

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

101 SE 15TH AVENUE 2010 PONCE DE LEON AVENUE WEST PALM BEACH, FL 33843

FT. LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

PO BOX 14818 468 E BOCA RATON RD FT. LAUDERDALE, FL 33302 BOCA RATON, FL 33432

FEI Number: 04-9690046 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:

LIBOW, ALLEN H

3351 N.W. BOCA RATON BLVD.

BOCA RATON, FL 33431 US

SAWYER, ASHLEY ESQ
3351 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33431 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: ASHLEY SAWYER 02/12/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 NEWMAN, AARON
 Name:
 URBAN CORE DEVELOPME, NT, LC

 Address:
 PO BOX 14818
 Address:
 468 E BOCA RATON RD

City-St-Zip: FT. LAUDERDALE, FL 33302 City-St-Zip: BOCA RATON, FL 33432

Title: VD () Delete Title: () Change () Addition

 Name:
 SAMUEL, MICHAEL
 Name:

 Address:
 3110 N.E. 2ND AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 FINK, RAPHAEL
 Name:

 Address:
 3110 N.E. 2ND AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON NEWMAN MGRM 02/12/2007