2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04936

FILED Mar 24, 2009 Secretary of State

Entity Name: HACKBERRY HOMEOWNERS' ASSOCIATION, INC.

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

C/O PL COMMUNITY MGMT SERVICES C/O PL COMMUNITY MGMT SERVICES

P.O. BOX 9139 1515 UNIVERSITY DRIVE CORAL SPRINGS, FL 33075 CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

C/O PL COMMUNITY MGMT SERVICES P.O. BOX 9139 CORAL SPRINGS, FL 33075

FEI Number: 59-2497635 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:

ROGER, RANDALL K 621 NW 53RD ST STE 300

BOCA RATON, FL 33487 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:

Title:

Title:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete AREVALO, FRANK LOGIUDICE, ZACHARY Name: Name: 6285 PONDAPPLE RD. Address: 6370 PONDAPPLE RD. Address:

City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

(X) Change () Addition CANNAVOLE, GINA Name: CANDELARIO, JOAQUIN Name: Address: 6261 SWEET MAPLE LN Address: 6428 SWEET MAPLE LN City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

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

LECOMPTE, JUDY KOHLMAN, UNA Name: Name: 6275 PONDAPPLE RD 6400 PONDAPPLE RD Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

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

SCHWERTOK, JACKIE Name: Name: 6355 PONDAPPLE RD Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33433

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

CANNAVALE, JEAN Name: Name: 6261 PONDAPPLE RD Address: Address: BOCA RATON, FL 33433 City-St-Zip: 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: TED BROWN/ PROPERTY MANAGER MGR 03/24/2009

Electronic Signature of Signing Officer or Director

Date