## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006013

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Name: MILAN BY LENNAR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12350 SW 132 CT 114 MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 12350 SW 132 CT MIAMI, FL 33186 FEI Number: 20-2998860 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: MARGOLIS, JEFFREY R DE LA TORRE, HELIO 200 SOUTH BISCAYNE BLVD. SUITE 3400 201 ALHAMBRA CIRCLE MIAMI, FL 33131 US SUITE 1102 CORAL GABLES, FL 33134 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: HELIO DE LA TORRE, ESQ 04/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HENDERSON, MERCEDES ESPINOZA, FERNANDO Name: Name: 730 N.W. 107 AVENUE FOURTH FLOOR Address: 10336 NW 31 TERR Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: DORAL, FL 33178 Title: () Delete Title: (X) Change ( ) Addition MCPHERSON, GREG Name: ORTIZ, JUAN M Name: Address: 730 N.W. 107 AVENUE FOURTH FLOOR Address: 3271 NW 102 PL City-St-Zip: MIAMI, FL 33172 City-St-Zip: DORAL, FL 33178 Title: DST () Delete Title: (X) Change ( ) Addition AVILA, MIGUEL Name: CERVERA, MIGUEL A Name: 730 N.W. 107 AVENUE FOURTH FLOOR Address: Address: 3183 NW 103 CT City-St-Zip: MIAMI, FL 33172 City-St-Zip: DORAL, FL 33178 ( ) Change (X) Addition Title: () Delete Title: SD SAER, ANA Name: Name: 3175 NW 103 CT Address: Address: City-St-Zip: City-St-Zip: DORAL, FL 33178 Title: () Delete Title: ( ) Change (X) Addition CORTES,, JORGE Name: Name: 10375 NW 30 TERR Address: Address:

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.

City-St-Zip:

DORAL, FL 33178

SIGNATURE: FERNANDO ESPINOSA PD 04/29/2008