2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011538

FILED Jan 24, 2009 Secretary of State

Entity Name: LE SOLEIL HOMEOWNERS' ASSOCIATION, INC.

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

50 SURF SONG LANE 50 SURF SONG LANE

#101 SUITE #101

MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

215 GRAND BLVD 50 SURF SONG LANE

SUITE 200 SUITE #101

MIRAMAR BEACH, FL 32550 US MIRAMAR BEACH, FL 32550

FEI Number: 20-4121504 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:

HOPKINS, WILLIAM A SASSANO, RONALD L 10859 EMERALD COAST PKWY 50 SURF SONG LANE

SUITE 4-310 SUITE 101

MIRAMAR BEACH, FL 32550 US MIRAMAR BEACH, FL 32550 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: RONALD L. SASSANO 01/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DS (X) Change () Addition Name: SASSANO, RONALD L SASSANO, RONALD L

Address: 50 SURF SONG LANE, #101 Address: 50 SURF SONG LANE, SUITE 101
City-St-Zip: MIRAMAR BEACH, FL 32459 US City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DST () Delete Title: DT (X) Change () Addition Name: HOBEROCK, BARBARA Name: HOBEROCK, BARBARA J

 Address:
 327 LAKE VIEW DR
 Address:
 327 LAKE VIEW DR

 City-St-Zip:
 WASHINTON, MO 63090 US
 City-St-Zip:
 WASHINGTON, MO 63090

City-St-Zip: WASHINTON, MO 63090 US City-St-Zip: WASHINGTON, MO 63090 US

Title: DP () Delete Title: () Change () Addition Name: KUBAS, GEORGE II Name:

 Address:
 PO BOX 770914
 Address:

 City-St-Zip:
 LAKEWOOD, OH 44107 US
 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: BARBARA J HOBEROCK DT 01/24/2009