2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N05680

Entity Name: OUR PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6024 NW 3 STREET
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 936643
MARGATE, FL 33093

New Mailing Address:

FEI Number: 59-2686594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, PA
1900 N. COMMERCE PKWY.
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MIESZKOWSKI, LUPE M
Address: 6024 N.W. 3RD. ST.
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete
Name: VACANT, VACANT
Address: N/A
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete
Name: THOMAS, KIMBERLY
Address: 6030 N.W. 3RD. ST.
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: THODDE, MARIA
Address: 6067 N.W. 3RD. ST.
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: VACANT, VACANT
Address: VACANT
City-St-Zip: VACANT, FL 33063

Title: D ( ) Delete
Name: VACANT, VACANT
Address: VACANT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DAVIS, TRENESA
Address: 6006 N.W. 3RD. ST.
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LATTIE, DELROY
Address: 6026 N.W. 3RD. ST.
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change ( ) Addition
Name: MEDINA, WALTER
Address: 6048 N.W. 3RD. ST.
City-St-Zip: MARGATE, FL 33063

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: LUPE MIESZKOWSKI P 04/30/2007

Electronic Signature of Signing Officer or Director — Date