2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N06000005915

Entity Name: FLORINDA ESTATE HOA, INC.

Current Principal Place of Business:

8766 NW 139 STREET
MIAMI LAKES, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

8766 NW 139 STREET
MIAMI LAKES, FL 33018 US

New Mailing Address:

FEI Number: 57-1237197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARIAS, MIGUEL J
8766 NW 139 STREET
MIAMI LAKES, FL 33018 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: FARIAS, MIGUEL J
Address: 8766 NW 139 STREET
City-St-Zip: MIAMI LAKES, FL 33018 US

Title: VP ( ) Delete
Name: MENDEZ, ROLDAN R
Address: 8766 NW 139 STREET
City-St-Zip: MIAMI LAKES, FL 33018 US

Title: S ( ) Delete
Name: DOBRILLA, JOHN H
Address: 8867 NW 139 TERRACE
City-St-Zip: MIAMI LAKES, FL 33018 US

Title: T ( ) Delete
Name: CHAIDEZ, LUIS
Address: 8857 NW 139 TERRACE
City-St-Zip: MIAMI LAKES,, FL 33018 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: OCAMPO, PIEDAD
Address: 8290 NW 167 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: MIGUEL FARIAS P 04/18/2009

Electronic Signature of Signing Officer or Director — Date