2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000006101

Entity Name: SOUTH FLORIDA NATIONAL PARKS TRUST, INC.

Current Principal Place of Business:

1390 SOUTH DIXIE HIGHWAY, SUITE 2203
CORAL GABLES, FL 33146

New Principal Place of Business:

1390 SOUTH DIXIE HIGHWAY
SUITE 2203
CORAL GABLES, FL 33146

Current Mailing Address:

1390 SOUTH DIXIE HIGHWAY, SUITE 2203
CORAL GABLES, FL 33146

New Mailing Address:

1390 SOUTH DIXIE HIGHWAY
SUITE 2203
CORAL GABLES, FL 33146

FEI Number: 13-4341209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134 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:	CD	( ) Delete
Name:	ARAZOZA, CARLOS F	
Address:	2100 SALZEDO STREET, SUITE 300	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VCD	( ) Delete
Name:	MCALILEY, NEAL	
Address:	1390 SOUTH DIXIE HIGHWAY, SUITE 2203	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	SD	( ) Delete
Name:	SIEGEL, ELLEN	
Address:	1390 SOUTH DIXIE HIGHWAY, SUITE 2203	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	TD	( ) Delete
Name:	SAIZARBITORIA, INAKI	
Address:	1390 SOUTH DIXIE HIGHWAY, SUITE 2203	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	D	(X) Delete
Name:	CHISHOLM, ROBERT E	
Address:	1390 S DIXIE HWY 2203	
City-St-Zip:	MIAMI, FL 33146	
Title:	D	(X) Delete
Name:	MENDIETA, JUAN C	
Address:	1390 S DIXIE HWY 2203	
City-St-Zip:	CORAL GABLES, FL 33146	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DON S. FINEFROCK ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date