

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007285

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SUNTERRA HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

951 BROKEN SOUND PARKWAY  
SUITE 108  
BOCA RATON, FL 33487

## New Principal Place of Business:

314 N.E. 3RD STREET  
BOYNTON BEACH, FL 33435

## Current Mailing Address:

951 BROKEN SOUND PARKWAY  
SUITE 108  
BOCA RATON, FL 33487

## New Mailing Address:

314 N.E. 3RD STREET  
BOYNTON BEACH, FL 33435

FEI Number: 20-5469559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALYO, PAUL  
951 BROKEN SOUND PARKWAY  
SUITE 108  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

PHILIP J CROYLE P.A.  
370 W. CAMINO GARDENS BLVD  
SUITE 300  
BOCA RATON, FL 33432 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: SHERI MCKENZIE BOOKKEEPER

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALZEIN, HABIB  
Address: 5803 GYPSUM PLACE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VSD ( ) Delete  
Name: LE, KHANH  
Address: 783 FIELDSTONE WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: DT ( ) Delete  
Name: WILLIAMS, NADRIAN  
Address: 831 FIELDSTONE WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: PORRAS, GUSTAVO  
Address: 877 QUARTZ TERRACE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: T (X) Change ( ) Addition  
Name: CAPLAN LAMBDA, STACEY  
Address: 840 QUARTZ TERRACE  
City-St-Zip: WEST PALM BEACH, FL 33413

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: SHERI MCKENZIE

BKPR

04/28/2009

Electronic Signature of Signing Officer or Director

Date