2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000352

FILED Aug 27, 2008 Secretary of State

Entity Name: ELIN PARK HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 175 PARK AVENUE 1680 MICHIGAN AV BROOKLYN, NY 11205 SUITE 1016 MIAMI BEACH, FL 33139 **Current Mailing Address:** New Mailing Address: 175 PARK AVENUE 1680 MICHIGAN AV BROOKLYN, NY 11205 **SUITE 1016** MIAMI BEACH, FL 33139 FEI Number: 26-3155060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REINHARD, SANFORD N 2875 NE 191 STREET, SUITE 404 AVENTURA, FL 33180 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete **PSTD** () Change () Addition BORRERO, DANIEL Name: Name: Address: 175 PARK AVENUE Address: City-St-Zip: BROOKLYN, NY 11205 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition Name: AGURCIA, ALEJANDRO Name: AGURCIA, ALEJANDRO Address: 1120 NE 87 STREET Address: 1680 MICHIGAN AV SUITE 1016 City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change () Addition REINHARD, SANFORD N Name: Name: Address: 2875 NE 191 STREET, SUITE 404 Address: City-St-Zip: AVENTURA, FL 33180 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: ALEJANDRO AGURCIA VPD 08/27/2008