2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N07000000537

Entity Name: HERON BAY COMMERCIAL - SOUTH ASSOCIATION, INC.

Current Principal Place of Business:

3325 S UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3325 S UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-8980232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, BARRY
3325 S UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328 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:	PD	( ) Delete
Name:	ROSS, BARRY	
Address:	3325 S UNIVERSITY DRIVE, SUITE 210	
City-St-Zip:	DAVIE, FL 33328	
Title:	VPD	( ) Delete
Name:	MATZ, WILLIAM	
Address:	3325 S UNIVERSITY DRIVE, SUITE 210	
City-St-Zip:	DAVIE, FL 33328	
Title:	SD	( ) Delete
Name:	NEWMAN, FREDRIC	
Address:	7284 W PALMETTO PARK RD, SUITE 210	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	T	( ) Delete
Name:	AROUH, LESLIE	
Address:	7284 W PALMETTO PARK RD, SUITE 210	
City-St-Zip:	BOCA RATON, FL 33433	

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:	

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: BARRY ROSS PRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date