2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000001261

RT FILED Aug 27, 2009 Secretary of State

Entity Name: THE MILAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

500 JORDAN STUART CIRCLE APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

500 JORDAN STUART CIRCLE APOPKA, FL 32703 US

FEI Number: 26-0196161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 US
PRESIDIO REALTY, INC.
2909 W BAY TO BAY BLVD
SUITE 202
TAMPA, FL 33629 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: JAMES WOOD 08/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: O'HAGAN, WILLIAM Name: SHWEKY, DAVID

Address: 60 CUTTER MILL ROAD, SUITE 303 Address: 500 JORDAN STUART CIRCLE

Address: 60 CUTTER MILL ROAD, SUITE 303 Address: 500 JORDAN STUART CIRCLE City-St-Zip: GREAT NECK, NY 11021 US City-St-Zip: APOPKA, FL 32702 US

(X) Change () Addition Title: DVP () Delete Title: HALPERN, LONNIE Name: RABANIPOUR, SOLOMON Name: Address: 60 CUTTER MILL ROAD, SUITE 303 Address: 500 JORDAN STUART CIRCLE City-St-Zip: GREAT NECK, NY 11021 US City-St-Zip: APOPKA, FL 32703 US

Title: DST () Delete Title: ST (X) Change () Addition

Name: ZWEIER, GEORGE Name: PALOU, MONIQUE

Address: 60 CUTTER MILL ROAD, SUITE 303 Address: 500 JORDAN STUART CIRCLE City-St-Zip: GREAT NECK, NY 11021 US City-St-Zip: APOPKA, FL 32703 US

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: DAVID SHWEKY P 08/27/2009