2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000008509

The Hiled Nov 03, 2009

Secretary of State

Entity Name: ALLEN'S PARK CONDOMINIUMS OWNERS ASSOCIATION, INC.

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

9316 SW 65TH AVE 4215 SW 31ST DR. #104
GAINESVILLE, FL 32608 GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

9316 SW 65TH AVE PO BOX 8264 GAINESVILLE, FL 32608 PO BOX 8264 JUPITER, FL 33468

FEI Number: 26-1413953 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:

 HOLDER, M KEITH
 WALSH, FAITH

 9316 SW 65TH AVE
 11891 154TH RD. N.

 GAINESVILLE, FL 32608
 US

 JUPITER, FL 33478
 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: FAITH WALSH 11/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HOLDER, M. KEITH
 Name:
 BOHSALI, KAREEM I

 Address:
 9316 SW 65TH AVE
 Address:
 4215 SW 31ST DR. #102

Address: 9316 SW 651H AVE Address: 4215 SW 3151 DR. #102
City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete Title: VD (X) Change () Addition
Name: HOLDER, DIANA L Name: TOSKICH, BEAU B
Address: 9316 SW 65TH AVF Address: 4215 SW 31ST DR #104

 Address:
 9316 SW 65TH AVE
 Address:
 4215 SW 31ST DR. #104

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 MCCALL, CRAIG
 Name:
 WALSH, FAITH

 Address:
 5542 NW 43RD STREET
 Address:
 11891 154TH RD. N.

 City-St-Zip:
 GAINESVILLE, FL 32653
 City-St-Zip:
 JUPITER, FL 33478

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: FAITH WALSH STD 11/03/2009