2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N07000009778

Entity Name: ONE VILLAGE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

550 BILTMORE WAY
SUITE PH II
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY
SUITE PH II
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-2360173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF,P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: ROGER, OSCAR
Address: 550 BILTMORE WAY, SUITE 740
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD ( ) Delete
Name: CASTRO, MAYREN R
Address: 550 BILTMORE WAY, SUITE 740
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Delete
Name: RAMIREZ, DONALD
Address: 550 BILTMORE WAY, SUITE 740
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROGER, OSCAR
Address: 550 BILTMORE WAY, SUITE PH II
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD (X) Change ( ) Addition
Name: CASTRO, MAYREN R
Address: 550 BILTMORE WAY, SUITE PH II
City-St-Zip: CORAL GABLES, FL 33134

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: MAYREN R CASTRO VSD 04/20/2009

Electronic Signature of Signing Officer or Director — Date