2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N07000010698

Entity Name: THE VILLAGE AT BEACON LAKES CONDOMINIUM NUMBER TWO ASSOCIATION, INC.

Current Principal Place of Business:

2855 LEJEUNE ROAD
FOURTH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2855 LEJEUNE ROAD
FOURTH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: ROMERO, RAFAEL
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete
Name: LATTA, BRIAN
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete
Name: SMITH, MARK
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: GODOY, RUSTY
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Change ( ) Addition
Name: LATTA, BRIAN
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
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: KOLLEEN COBB VPS 04/22/2009

Electronic Signature of Signing Officer or Director — Date