2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N08000009179

Entity Name: FLORIDA ALLIANCE OF COMMUNITY ASSOCIATIONS, INC.

Current Principal Place of Business:

1030 EAST LAFAYETTE STREET SUITE 1
TALLAHASSEE, FL 32301

New Principal Place of Business:

1030 EAST LAFAYETTE STREET
SUITE 1
TALLAHASSEE, FL 32301

Current Mailing Address:

1030 EAST LAFAYETTE STREET SUITE 1
TALLAHASSEE, FL 32301

New Mailing Address:

1030 EAST LAFAYETTE STREET
SUITE 1
TALLAHASSEE, FL 32301

FEI Number: 26-3478786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROD, WILLIAM
1030 EAST LAFAYETTE STREET SUITE 1
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BROD, WILLIAM
1030 EAST LAFAYETTE STREET
SUITE 1
TALLAHASSEE, FL 32301 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: _____ 01/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HAATAJA-DERATANY, DEBORAH
Address: PO BOX 33626
City-St-Zip: INDIALANTIC, FL 32903

Title: VS ( ) Delete
Name: HICKOK, RICHARD
Address: 1800 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: BROD, WILLIAM
Address: 1030 EAST LAFAYETTE STREET SUITE 1
City-St-Zip: TALLAHASSEE, FL 32301

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:

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: WILLIAM BROD D 01/26/2009
Electronic Signature of Signing Officer or Director — Date