2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N08000009623

Entity Name: PORPOISE POINT SIMILAR SOUND NEIGHBORHOOD ASSOC, INC.

Current Principal Place of Business:

5 SAPPHIRE DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5 SAPPHIRE DRIVE
KEY WEST, FL 33040

New Mailing Address:

13 DIAMOND DRIVE
KEY WEST, FL 33040

FEI Number: 80-0294558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLER, MERCY
5 SAPPHIRE DRIVE
KEY WEST, FL 33040 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: P ( ) Delete
Name: HILLER, MERCY
Address: 5 SAPPHIRE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: KNIGHT, COLLEEN
Address: 5 SAPPHIRE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: RINEER, SUSAN
Address: 5 SAPPHIRE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete
Name: BOCHENICK, MARY LOU
Address: 5 SAPPHIRE DRIVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: RINEER, SUSAN
Address: 13 DIAMOND DRIVE
City-St-Zip: KEY WEST, FL 33040

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: SUSAN RINEER T 03/22/2009

Electronic Signature of Signing Officer or Director — Date