2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10084

FILED Feb 17, 2009 Secretary of State

Entity Name: 1775 PROPERTY OWNER'S ASSOCIATION, INC.

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

5450 WILLIAMSBURG DR BOX 16

PUNTA GORDA, FL 33982 US

Current Mailing Address: New Mailing Address:

6025 TAYLOR RD 26530 MALLARD WAY

SUITE 2 PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 US

FEI Number: 31-1230898 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:

STAR HOSPITALITY MANAGEMENT
6025 TAYLOR RD #2
26530 MALLARD WAY
RUNTA CORDA EL 23050 LIS

PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 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: 02/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:ROLAND, RICKName:ROLAND, RICKAddress:5450 WILLIAMSBURG DRAddress:5450 WILLIAMSBURG DRCity-St-Zip:PUNTA GORDA, FL 33982City-St-Zip:PUNTA GORDA, FL 33982

Title: S () Delete Title: ST (X) Change () Addition

 Name:
 TREWORGY, RICK
 Name:
 TREWORGY, RICK

 Address:
 5445 WILLIAMSBURG
 5445 WILLIAMSBURG

 City-St-Zip:
 PUNTA GORDA, FL 33982
 City-St-Zip:
 PUNTA GORDA, FL 33982

Title: VP () Delete Title: () Change () Addition

 Name:
 REAGAN, PAT
 Name:

 Address:
 5524 INDEPENDENCE
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33982
 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: RICK ROLAND P 02/17/2009