2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N14437

Entity Name: CONTRACTOR'S SHOWCASE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1501 DECKER AVE UNIT 122
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1863
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0041088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DEBORAH ESQ
759 S FEDERAL HIGHWAY
STE 212
STUART, FL 34994 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: TIEMEYER, TED
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL

Title: TD ( ) Delete
Name: OVERBYE, ERIKA
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL 34994

Title: VPD ( ) Delete
Name: RANGANENHI, ANTHONY
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: CLIFFORD, CHRIST
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: SCHEPLING, DAVE
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: TIEMEYER, TED
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL

Title: PD (X) Change ( ) Addition
Name: OVERBYE, ERIKA
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL 34994

Title: D (X) Change ( ) Addition
Name: SCHWARTZ, ALBERT
Address: 1501 DECKER AVE
City-St-Zip: STUART, FL 34994

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: ERIKA OVERBYE PRES 02/17/2009

Electronic Signature of Signing Officer or Director — Date