2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N15662

Entity Name: ESPLANADE PATIO HOMES ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE CONTINENTAL GRP
11981 SW 144 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GRP
11981 SW 144 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2803082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAIGE, ROBERT E ESQ
9500 SOUTH DADELAND BLVD., STE 550
MIAMI, FL 33156 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: VP ( ) Delete
Name: WHITE, DONOVAN
Address: 18837 N.W. 79 COURT
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Delete
Name: PICARDI, GUY
Address: 18788 NW 79TH COURT
City-St-Zip: MIAMI, FL 33015

Title: T ( ) Delete
Name: SPICER, OLIVER
Address: 18807 NW 79TH CT
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete
Name: CASTELLANOS, ANGIE
Address: 7800 NW 189TH ST
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: SALVADOR, GANDARA
Address: 18800 NW 77TH CT
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: RIVERA, BENJAMIN JR
Address: 19021 NW 79 CT
City-St-Zip: MIAMI, FL 33015

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:

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: GUY PICARDI P 04/03/2009
Electronic Signature of Signing Officer or Director — Date