2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 01, 2009 DOCUMENT# N21147 Secretary of State

Entity Name: ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.

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

FOUNDATION PROPERTY SERVICES 4750 W. COMMERCIAL BLVD TAMARAC, FL 33319

New Mailing Address: Current Mailing Address:

FOUNDATION PROPERTY SERVICES 4750 W. COMMERCIAL BLVD TAMARAC, FL 33319

FEI Number: 65-0037417 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:

PEYTONBOLIN 4804 W. COMMERCIAL BLVD TAMARAC, FL 33319 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ROLFF, AREND LIVINGSTON, GIL Name: Name: 3431 NW 71 ST STREET Address: 3440 NW 71 ST STREET Address:

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

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

RUSSELL, BRYCE Name: Name: Address: 3320 NW 71ST Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip:

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

LINNEAL, MYRA Name: Name: Address: PO BOX 970546 Address: City-St-Zip: COCONUT CREEK, FL 33097 City-St-Zip:

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

Name: DIONNE, SUZAN Name: HANDELMAN, BRIAN Address: PO BOX 970546 Address: 3631 NW 71 ST

City-St-Zip: COCONUT CREEK, FL 33097 City-St-Zip: COCONUT CREEK, FL 33073

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

SMITH, BOB Name: Name: PO BOX 970546 Address: Address: City-St-Zip: COCONUT CREEK, FL 33097 City-St-Zip:

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

DESILIVIO, NIKI DESILIVIO, NIKI Name: Name: Address: PO BOX 970546 Address: PO BOX 970546

COCONUT CREEK, FL 33097 COCONUT CREEK, FL 33097 City-St-Zip: 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: MARY BANMILLER OM 09/01/2009