2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N28226

Entity Name: CORNICHE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC

Current Principal Place of Business:

1440 SOUTH OCEAN BLVD.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1440 SOUTH OCEAN BLVD.
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-0201496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWE, LAURA
1440 S. OCEAN BLVD #15A
POMPANO BEACH, FL 33062 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: MCCULLY, JOHN
Address: 1440 S OCEAN BLVD #14D
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: SAFF, HARVEY
Address: 1440 S. OCEAN BLVD
City-St-Zip: POMPANO BEACH, FL 33062

Title: T/D ( ) Delete
Name: SMITH, CLIFF
Address: 1440 S OCEAN BV 4B
City-St-Zip: POMPANO BEACH, FL 33462

Title: S/D ( ) Delete
Name: BROWN, MARK
Address: 1440 S. OCEAN BLVD #7D
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD ( ) Delete
Name: TRACHT, BARRY
Address: 1440 SOUTH OCEAN BLVD., #15A
City-St-Zip: POMPANO BEACH, FL 33062

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:

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: JOHN MCCULLY PD 02/18/2009

Electronic Signature of Signing Officer or Director — Date