2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 06, 2009 DOCUMENT# N31541 Secretary of State

Entity Name: ORCHARD LAKE-ATRIA TOWNHOUSE ASSOCIATION, INC.

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

5933 WEST HILLSBORO BLVD #110 5300 WEST HILLSBORO BOULEVARD

PARKLAND, FL 33067 A202

COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

PO BOX 190607

FORT LAUDERDALE, FL 33319 US

FEI Number: 59-2781108 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:

PATTERSON, CHARLES PATTERSON PROPERTY MANAGEMENT, INC. 5933 W. HILLSBORO BLVD, #110 5300 WEST HILLSBORO BOULEVARD

PARKLAND, FL 33067 A202

COCONUT CREEK, FL 33073 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: CHARLES PATTERSON 08/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

PATTERSON, CHARLES HURRY, MAURICE Name: Name: 5933 W. HILLSBORO BLVD, #110 Address: 496 SW 159 WAY Address:

City-St-Zip: PARKLAND, FL 33067 City-St-Zip: PEMBROKE PINES, FL 33027

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

MAURICE, HURRY Name: HURRY, ANNETTE Name:

Address: 496 SW 159 WAY Address: 496 SW 159 WAY

City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027

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

LOTHGROP, MICHELLE Name: Name: 2225 NW 55 TERRACE Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip:

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

PATTERSON, LEISA PATTERSON, LEISA Name: Name: 5933 W. HILLSBORO BLVD, #110 5300 WEST HILLSBORO BLVD, SUITE A202 Address: Address:

City-St-Zip: PARKLAND, FL 33067 City-St-Zip: COCONUT CREEK, FL 33073

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: LEISA PATTERSON S 08/06/2009