2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 07, 2009
Secretary of State

DOCUMENT# N31541

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

Current Principal Place of Business:

5300 WEST HILLSBORO BOULEVARD
A202
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 190607
FORT LAUDERDALE, FL 33319 US

New Mailing Address:

FEI Number: 59-2781108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON PROPERTY MANAGEMENT, INC.
5300 WEST HILLSBORO BOULEVARD
A202
COCONUT CREEK, FL 33073 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: P ( ) Delete
Name: HURRY, MAURICE
Address: 496 SW 159 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T ( ) Delete
Name: HURRY, ANNETTE
Address: 496 SW 159 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S ( ) Delete
Name: PATTERSON, LEISA
Address: 5300 WEST HILLSBORO BLVD, SUITE A202
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: MOBLEY, SHARON
Address: 2433 NW 55 TERRACE
City-St-Zip: LAUDERHILL, FL 33313

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 08/07/2009

Electronic Signature of Signing Officer or Director — Date