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**Mar 28, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # N33573</b>						03-28-2006 90108 046 ****61.25	
<b>1. Entity Name</b> NATOMA MANORS HOMEOWNERS ASSOCIATION, INCORPORATED							
<b>Principal Place of Business</b> P.O. BOX 331757 COCONUT GROVE, FL 33133 US				<b>Mailing Address</b> P.O. BOX 331757 COCONUT GROVE, FL 33133 US			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
				<b>4. FEI Number</b> 65-0144944		<b>Applied For</b> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
MARRERO, YERY 2700 HILOLA STREET COCONUT GROVE, FL 33133				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>							
SIGNATURE <u>YERY MARRERO</u> <u>03.15.06</u>				DATE			
Filing Fee is \$61.25 Due by May 1, 2006				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	P,D	<input checked="" type="checkbox"/> Delete		TITLE	S,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINHARES, ROBERT			NAME	SOFFE, HALEY		
STREET ADDRESS	1601 MICANOPY AVENUE			STREET ADDRESS	2705 HILOLA ST		
CITY - ST - ZIP	COCONUT GROVE, FL 33133			CITY - ST - ZIP	COCONUT GROVE, FL 33133		
TITLE	S,D	<input type="checkbox"/> Delete		TITLE	P,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARRERO, YERY			NAME			
STREET ADDRESS	2700 HILOLOA STREET			STREET ADDRESS			
CITY - ST - ZIP	COCONUT GROVE, FL 33133			CITY - ST - ZIP			
TITLE	T,D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUTON, LINDA			NAME			
STREET ADDRESS	1640 TIGERTAIL AVE			STREET ADDRESS			
CITY - ST - ZIP	COCONUT GROVE, FL 33133			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOENDORF, JOHN			NAME			
STREET ADDRESS	1650 TIGERTAIL AVENUE			STREET ADDRESS			
CITY - ST - ZIP	COCONUT GROVE, FL 33133			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASBURY, ANTHONY			NAME			
STREET ADDRESS	2645 HALISEE ST.			STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33133			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASTERSON, MELANIE			NAME			
STREET ADDRESS	1660 TIGERTAIL AVENUE			STREET ADDRESS			
CITY - ST - ZIP	COCONUT GROVE, FL 33133			CITY - ST - ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
SIGNATURE: <u>YERY MARRERO</u> <u>03.15.06</u> <u>305.577.9711</u>				DATE			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			