2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35967

FILED Jan 28, 2009 Secretary of State

Entity Name: POSTRIDGE HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3953 POSTRIDGE TRAIL MELBOURNE, FL 32934 US **Current Mailing Address: New Mailing Address:** 3953 POSTRIDGE TRAIL MELBOURNE, FL 32934 US FEI Number: 59-3011974 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: SHIPLEY, JULIE N STD 3953 POŚTRIDGE TRAIL MELBOURNE, FL 32934 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RICK, YOUNG Name: Name: Address: 3923 POSTRIDGE TRAIL Address: City-St-Zip: MELBOURNE, FL 32934 US City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: DANNY SICILIA, Name: Address: 3940 POSTRIDGE TR Address: City-St-Zip: MELBOURNE, FL 329348439 US City-St-Zip: Title: STD () Delete Title: () Change () Addition SHIPLEY, JULIE Name: Name: 3953 POSTRIDGE TRAIL Address: Address: City-St-Zip: MELBOURNE, FL 32934 US 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: JULIE SHIPLEY STD 01/28/2009