2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N40022

Entity Name: SOUTH FLORIDA FENCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O LYNNE PETERSON
1156 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

C/O LYNNE PETERSON
P.O. BOX 5888
LAKE WORTH, FL 33466

New Mailing Address:

FEI Number: 65-0301398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, LYNNE D
1156 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415 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: MURPHY, CLARE
Address: 3608 E. INDUSTRIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33404

Title: V ( ) Delete
Name: DUNHAM, ROGER A
Address: 7201-A WESTPORT PLACE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: S ( ) Delete
Name: MORALES, JYSEL
Address: 7525 N.W.37TH AVE. BLDG C
City-St-Zip: MIAMI, FL 33147

Title: T ( ) Delete
Name: PETERSON, LYNNE D
Address: P.O. BOX 5888
City-St-Zip: LAKE WORTH, FL 33466

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:

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: CLARE MURPHY P 01/26/2009

Electronic Signature of Signing Officer or Director — Date