2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N42712

Entity Name: EXOTIC ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ATLANTIS MANAGEMENT SERVICES, LC
11011 SHERIDAN STREET, #208
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

C/O ATLANTIS MANAGEMENT SERVICES, LC
11011 SHERIDAN STREET, #208
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 65-0253983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATLANTIS MANAGEMENT SERVICES, LC
11011 SHERIDAN ST # 208
COOPER CITY, FL 33026 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:	PD	( ) Delete
Name:	NESSEN, FRAN	
Address:	7450 PEPPERTREE CIR N	
City-St-Zip:	DAVIE, FL 33314	
Title:	VPD	( ) Delete
Name:	SONI, LAKHVINDER	
Address:	7301 PEPPERTREE CIR S	
City-St-Zip:	DAVIE, FL 33314	
Title:	SD	( ) Delete
Name:	HYLTON, JOHN	
Address:	5721 PEPPERTREE LANE	
City-St-Zip:	DAVIE, FL 33314	
Title:	TD	( ) Delete
Name:	KAPLAN, CELINA	
Address:	7200 PEPPERTREE CIR N	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	ROMANELLI, PIETRO	
Address:	5751 PEPPERTREE CIR E	
City-St-Zip:	DAVIE, FL 33314	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY MORGANSTINE MGRM 03/08/2007

Electronic Signature of Signing Officer or Director — Date