## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42712

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: EXOTIC ACRES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

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

**New Mailing Address: Current Mailing Address:** 

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

FEI Number: 65-0253983 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:

ATLANTIS MANAGEMENT SERVICES, LC 11011 SHERIDAN ST # 208 COOPER CITY, FL 33026

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

SD

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition NESSEN, FRAN KAPLAN, CELINA Name: Name:

7450 PEPPERTREE CIR N Address: 7200 PEPPERTREE CIR N Address: **DAVIE, FL 33314** City-St-Zip: City-St-Zip: **DAVIE. FL 33314** 

Title: () Delete Title: (X) Change ( ) Addition SONI, LAKHVINDER Name: JOHN, HYLTON Name:

Address: 7301 PEPPERTREE CIR S Address: 5721 PEPPERTREE LANE

City-St-Zip: **DAVIE, FL 33314** City-St-Zip: DAVIE, FL 33314

Title: () Delete Title: (X) Change ( ) Addition HYLTON, JOHN NORTH, RANDY Name: Name:

5721 PEPPERTREE LANE 11011 SHERIDAN STREET Address: Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: COPER CITY, FL 33026

TD

Title: TD ( ) Delete Title: (X) Change ( ) Addition KAPLAN, CELINA NESSEN, FRAN Name: Name:

7200 PEPPERTREE CIR N Address: Address: 7450 PEPPERTREE CIR N City-St-Zip: **DAVIE, FL 33314** City-St-Zip: DAVIE, FL 33314

Title: () Delete Title: () Change () Addition

ROMANELLI, PIETRO Name: Name: 5751 PEPPERTREE CIR E Address: Address: City-St-Zip: **DAVIE, FL 33314** 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: FRAN NESSEN TD 01/16/2009