2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2012
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:

BROUGH, CHAROW & LEVINE, P.A.
1900 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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: SCOTT J. LEVINE 03/13/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KAPLAN, CELINA
Address: 7200 PEPPERTREE CIR N
City-St-Zip: DAVIE, FL 33314

Title: VPD
Name: JOHN, HYLTON
Address: 5721 PEPPERTREE LANE
City-St-Zip: DAVIE, FL 33314

Title: SD
Name: NORTH, RANDY
Address: 11011 SHERIDAN STREET
City-St-Zip: COPER CITY, FL 33026

Title: D
Name: ROMANELLI, PIETRO
Address: 5751 PEPPERTREE CIR E
City-St-Zip: DAVIE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: KAPLAN CELINA PD 03/13/2012
Electronic Signature of Signing Officer or Director Date