2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N46886

Entity Name: ADDISON ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

464 ADDISON PARK LANE
BOCA RATON, FL 33432 US

New Principal Place of Business:

6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

Current Mailing Address:

6352 SHADOW CREEK
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0305839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAM REALTY GROUP, INC.
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 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: D ( ) Delete
Name: EZAGUI, JULIETTE
Address: 452 ADDISON PARK LANE
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: MURPHY, GENEVIEVE
Address: 422 ADDISON PARK LN
City-St-Zip: BOCA RATON, FL 33432

Title: PD ( ) Delete
Name: CUCCOLO, ANTHONY
Address: 458 ADDISON PARK LN
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: EZAGUI, JULIETTE
Address: 452 ADDISON PARK LANE
City-St-Zip: BOCA RATON, FL 33432

Title: DS (X) Change ( ) Addition
Name: MURPHY, GENEVIEVE
Address: 422 ADDISON PARK LN
City-St-Zip: BOCA RATON, FL 33432

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: ANTHONY CUCCOLO P 03/31/2009

Electronic Signature of Signing Officer or Director — Date