2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N93000000520

Entity Name: SARABANDE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10019 BRIDGEVIEW DRIVE
HOWEY-IN-THE-HILLS, FL 34737

New Principal Place of Business:

Current Mailing Address:

10019 BRIDGEVIEW DRIVE
HOWEY IN THE HILLS, FL 34737

New Mailing Address:

FEI Number: 59-3175127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUNG, KK
10019 BRIDGEVIEW DRIVE
HOWEY IN THE HILLS, FL 34737 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: WALKER, WILL
Address: 26633 BELLA VISTA BLVD.
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VPD ( ) Delete
Name: NICKEN, ANN
Address: 10015 BRIDGEVIEW DRIVE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D ( ) Delete
Name: RICE, GENE
Address: 652 PARAGON PARKWAY
City-St-Zip: CLEVELAND, TN 32312

Title: D ( ) Delete
Name: CONROY, ED
Address: 26621 BELLA VISTA BLVD.
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D ( ) Delete
Name: HAN, HEIDI
Address: 26945 BELLA VISTA BLVD.
City-St-Zip: HOWEY IN THE HILLS, FL 34737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: SILAS, SHARON
Address: 26709 BELLA VISTA BLVD.
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: WILL WALKER PR 01/16/2009

Electronic Signature of Signing Officer or Director — Date