2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N93000005161

Entity Name: PRIVATEER COMMONS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1000 LONGBOAT KEY CLUB RD
UNIT 1101
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD
STE 200
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 65-0450127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT
595 BAY ISLES RD
STE 200
LONGBOAT KEY, FL 34221 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: S ( ) Delete
Name: SKLARE, LOIS
Address: 1050 LONG BOAT CLUB ROAD # 803
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P ( ) Delete
Name: ERICKSON, BEATRICE
Address: 1050 LONGBOAT CLUB RD 502
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP ( ) Delete
Name: ZARETSKY, DIANE
Address: 1000 LONGBOAT CLUB RD., 606
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T ( ) Delete
Name: REISFELD, ART
Address: 1000 LONGBOAT CLUB RD 300
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: MILLER, JIM
Address: 1050 LONGBOAT CLUB RD 601
City-St-Zip: LONGBOAT KEY, FL 34228

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: D (X) Change ( ) Addition
Name: REISFELD, ART
Address: 1000 LONGBOAT CLUB RD 300
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T (X) Change ( ) Addition
Name: MILLER, JIM
Address: 1050 LONGBOAT CLUB RD 601
City-St-Zip: LONGBOAT KEY, FL 34228

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: STEVEN SPARKS, LCAM MGR. 02/05/2009
Electronic Signature of Signing Officer or Director — Date