2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000321

FILED Mar 18, 2009 Secretary of State

Entity Name: SAINT HUGH OAKS VILLAGE ASSOCIATION, INC.

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

11981 SW 144 CT SUITE #201 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

11981 SW 144 CT SUITE #201 MIAMI, FL 33186

FEI Number: 65-0576847 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:

SKRID,INC 201 ALHAMBRA CIRCLE,#1102 MIAMI, FL 33134 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 WALL, CRAIG S
 Name:
 WALL, CRAIG S

 Address:
 3613 SOUTH DOUGLAS
 Address:
 3613 S.W. 37 AVE.

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133

Title: VP () Delete Title: S (X) Change () Addition Name: BRALOWS, TED Name: GEHA, SHEILA

Address: 3667 MABLE AVE Address: 3633 S.W. 37 AVE.
City-St-Zip: MIAMI, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133

Title: TS () Delete Title: P (X) Change () Addition Name: BILA, JOSH Name: BILA, JOSE

 Address:
 3617 SW 37 AVE
 Address:
 3617 SW 37 AVE

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133

 Name:
 SALVATORE, VOLPE
 Name:
 SALVATORE, VOLPE

 Address:
 1341 NW 20 ST.
 Address:
 1341 NW 20 ST.

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:
 MIAMI, FL 33142

 Title:
 D
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 SILVIO, MAURER
 Name:
 SILVIO, MAURER

 Address:
 6540 SW 64 CT.
 Address:
 3611 S.W. 37 AVE.

 City-St-Zip:
 SOUTH MIAMI, FL 33143
 City-St-Zip:
 COCONUT GROVE, FL 33133

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: JOSE BILA P 03/18/2009