2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N95000001630

Entity Name: BARTON CREEK VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O WELLINGTON MANAGEMENT
3461 B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

C/O WELLINGTON MANAGEMENT
3461 B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0656603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461 B FAIRLANE FARMS RD
WELLINGTON, FL 33414 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: P ( ) Delete
Name: SCHLEICHKORN, IRIS
Address: 6387 BARTON CREEK CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: ST ( ) Delete
Name: KORONEC, ELISSA
Address: 6384 BARTON CRECK CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: V ( ) Delete
Name: CESTARO, DEBORAH
Address: 6396 BARTON CREEK CIR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHLEICHKORN, IRIS
Address: 6387 BARTON CREEK CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: STD (X) Change ( ) Addition
Name: KORONEC, ELISSA
Address: 6384 BARTON CRECK CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: VPD (X) Change ( ) Addition
Name: CESTARO, DEBORAH
Address: 6396 BARTON CREEK CIR
City-St-Zip: LAKE WORTH, FL 33463

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: IRIS SCHLEICHKORN PD 02/17/2009

Electronic Signature of Signing Officer or Director — Date