2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# N95000002960

Entity Name: ASPRI HOMEOWNERS' SUB-ASSOCIATION, INC.

Current Principal Place of Business:

1061 ASPRI WAY
WEST PALM BEACH, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

1061 ASPRI WAY
WEST PALM BEACH, FL 33418 US

New Mailing Address:

FEI Number: 65-0715713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLEY, V DONALD
HILLEY & WYANT-CORTEZ, P.A.
860 US HWY ONE, SUITE 108
NORTH PALM BEACH, FL 33408 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: DP ( ) Delete
Name: ADDERLEY, BONNIE
Address: 1076 ASPRI WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DV (X) Delete
Name: POBLETE, LORNA
Address: 1037 ASPRI WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD ( ) Delete
Name: SZLEZAK, STEPHEN
Address: 1061 ASPRI WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DS ( ) Delete
Name: ADDERLEY, STEPHEN
Address: 1076 ASPRI WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN SZLEZAK DT 03/13/2007

Electronic Signature of Signing Officer or Director — Date