2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N96000000204

Entity Name: OTTER CREEK ESTATES HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

PO BOX 52497
SARASOTA, FL 34232032 US

New Principal Place of Business:

OTTER CREEK LANE
SARASOTA, FL 342320320 US

Current Mailing Address:

PO BOX 52497
SARASOTA, FL 34232032 US

New Mailing Address:

PO BOX 52497
SARASOTA, FL 342320320 US

FEI Number: 65-0647064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHPIRO, MATTHEW
6401 RYLIE CREEK WAY
SARASOTA, FL 34240 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: SHAPIRO, MATTHEW
Address: 6401 KYLIE CREEK WAY
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete
Name: BEASLEY, KENNETH C
Address: 6406 KYLIE CREEK WAY
City-St-Zip: SARASOTA, FL 34240

Title: TD ( ) Delete
Name: WELLS, DOUGLAS
Address: 2247 OTTER CREEK LANE
City-St-Zip: SARASOTA, FL 34240

Title: SD ( ) Delete
Name: O'SULLIVAN, JACQUELINE
Address: 6397 KYLIE CREEK WAY
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: BENDER, DAVID
Address: 2239 OTTER CREEK LANE
City-St-Zip: SARASOTA, FL 34240

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

Title: SD (X) Change ( ) Addition
Name: ECKERT, EDNA M
Address: 2238 OTTER CREEK LANE
City-St-Zip: SARASOTA, FL 34240

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: DOUGLAS WELLS TD 05/02/2009

Electronic Signature of Signing Officer or Director — Date