2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N96000005514

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

Current Principal Place of Business:

5646 CORPORATE WAY
WPB, FL 33407

New Principal Place of Business:

Current Mailing Address:

5646 CORPORATE WAY
WPB, FL 33407

New Mailing Address:

FEI Number: 65-0764062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE GENERAL LEDGER
5646 CORPORATE WAY
WPB, FL 33407 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: MATSOUKES, ULYSEES
Address: 5724 ELPINE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP ( ) Delete
Name: WEBER, JAMES
Address: 5343 EDENWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T ( ) Delete
Name: MATSOUKES, WLYSEES
Address: 5724 ELPINE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: G (X) Delete
Name: WALLACE, TOPAZS
Address: 5161 ELPIRE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Delete
Name: HEURING, KEVIN
Address: 5151 ELPIRE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HEURING, KEVIN
Address: 5151 ELPINE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

Title: T (X) Change ( ) Addition
Name: TOPEZ, WALLACE
Address: 5163 ELPINE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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: KEVIN HEURING P 03/13/2009

Electronic Signature of Signing Officer or Director — Date