2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006328

Apr 17, 2009 Secretary of State

Entity Name: SEMORAN BOULEVARD PROPERTY OWNERS ASSOCIATION, INC.

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

2277 N. SEMORAN BLVD. SUITE 100 ORLANDO, FL 32807

New Mailing Address: Current Mailing Address:

2277 N. SEMORAN BLVD. SUITE 100 ORLANDO, FL 32807

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MCCLAIN, GINA OBST, HENRY 2277 N. SEMORAN BLVD. 2275N. SEMORAN BLVD. SUITE 100 SUITE 100

ORLANDO, FL 32807 US ORLANDO, FL 32807 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: HENRY OBST 04/17/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPT () Delete (X) Change () Addition MCCLAIN, GINA Name: OBST, HENRY Name: 2277 N. SEMORAN BLVD. Address: 2275 N. SEMORAN BLVD. #100 Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807

Title: DVP Title: (X) Change () Addition () Delete ARMES, KELLY Name: ARMES, KELLY Name:

Address: 2277 N. SEMORAN BLVD. Address: 2275 N. SEMORAN BLVD. #100

City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807

Title: DS () Delete Title: DS (X) Change () Addition BAILLARGEON, MICHAEL Name: OLGA, BYLL Name:

2275 N. SEMORAN BLVD #100 Address: 2277 N. SEMORAN BLVD. Address:

City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807

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: HENRY OBST DPT 04/17/2009