2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N97000000696

Entity Name: SAN PAOLO AT GRAND PALMS ASSOCIATION, INC.

Current Principal Place of Business:

15691 SW 16TH ST
PEMBROKE PINES, FL 33027

New Principal Place of Business:

15691 SW 14TH ST
PEMBROKE PINES, FL 33027

Current Mailing Address:

15691 SW 16TH ST
PEMBROKE PINES, FL 33027 US

New Mailing Address:

15691 SW 14TH ST
PEMBROKE PINES, FL 33027 US

FEI Number: 65-0730913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, R.J.
15691 SW 16TH ST
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

LEWIS, R.J.
15691 SW 14TH ST
PEMBROKE PINES, FL 33027 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: _____ 03/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALFONSO, L
Address: 1428 SW 157 AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VSTD ( ) Delete
Name: LEWIS, SALLY
Address: 15691 SW 16TH ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD ( ) Delete
Name: ALFONSO, WILLIAM
Address: 1418 SW 157TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSTD (X) Change ( ) Addition
Name: LEWIS, SALLY
Address: 15691 SW 14TH ST
City-St-Zip: PEMBROKE PINES, FL 33027

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: SALLY LEWIS VSTD 03/22/2009
Electronic Signature of Signing Officer or Director — Date