2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003128

FILED Apr 20, 2009 Secretary of State

Entity Name: VILLAS I OF THE WATERWAYS AT QUIET WATERS ASSOCIATION, INC.

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

1600 WATERWAYS BLVD

DEERFIELD BEACH, FL 33442 US

Current Mailing Address: New Mailing Address:

1600 WATERWAYS BLVD

DEERFIELD BEACH, FL 33442 US

FEI Number: 65-0777011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAPLAN, LOUIS SACHS, SAX & KLEIN, P.A.

C/O SACHS SAX CAPLAN 6111 BROKEN SOUND PKWY NW #200 301 YAMATO ROAD, #4150

BOCA RATON, FL 33431 US BOCA RATON, FL 33487 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: LOU CAPLAN 04/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ASSOCIATED CORPORATE SERVICES, LLC

(X) Change () Addition () Delete

KIMMERMAN, MARLENE KIMMELMAN, MARLENE Name: Name: 1600 WATERWAYS BLVD Address: 1600 WATERWAYS BLVD Address:

City-St-Zip: DEERFIELD BEACH, FL 33442 US City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: SD () Delete Title: () Change () Addition

EISENBERG, LYNNE F Name: Name: Address: 1600 WATERWAYS BLVD Address: City-St-Zip: DEERFIELD BEACH, FL 33442 US City-St-Zip:

Title: () Delete Title: () Change () Addition

NEAMENTIS, NICK Name: Name: 1600 WATERWAYS BLVD Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 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: MARLENE KIMMELMAN PD 04/20/2009