2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006957

FILED Feb 17, 2009 Secretary of State

Entity Name: SAN MARINO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1201 JOHNSON STREET HOLLYWOOD, FL 33019 **Current Mailing Address: New Mailing Address:** 4350 SW 59 AVE. BLDG. A **DAVIE, FL 33314** FEI Number: 65-0828731 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: NACHMAN, IRVIN W 4441 STIRLING ROAD FT LAUDERDALE, FL 33314 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RUBENSTEIN, GLENN LOPEZ, MARAGRET Name: Name: 911 N 12 TERR Address: 1040 N 12 TERRACE Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33019 Title: VD () Delete Title: VD (X) Change () Addition HARAC, MICHAEL Name: LEVIN, JONATHAN Name: Address: 1263 GRANT COURT Address: 1040 N 12TH TERRACE City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33019 Title: () Delete Title: (X) Change () Addition LEADER, MICHAEL SMITH, KIRK R Name: Name: 1251 JOHNSON COURT Address: Address: 1051 N 12TH TERRACE City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33019 Title: () Delete Title: (X) Change () Addition Name: PERLMAN, ROBYN F Name: KRASLOW, WALTER Address: 1271 HAYES STREET Address: 1270 HAYES STREET City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020 Title: () Delete Title: () Change (X) Addition ELLIS, JOHN D Name: Name: 1211 HAYES STREET Address: Address: City-St-Zip: City-St-Zip: HOLLYWOOD, FL 33019

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: MARGARET LOPEZ PD 02/17/2009