2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# N98000002371

Entity Name: PALM - HIBISCUS - STAR ISLANDS ASSOCIATION, INC.

Current Principal Place of Business:

152 PALM AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

152 PALM AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0962105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MUELLER, HANS C
255 PALM AVENUE
MIAMI BEACH, FL 33139 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: PD ( ) Delete
Name: MUELLER, HANS C
Address: 255 PALM AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: OXIAS, GAB
Address: 115 WEST 3RD COURT
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: SILVER, SUSAN
Address: 225 NORTH COCONUT LANE
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete
Name: GARRITY, MARY
Address: 333 NORTH HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: LAWSON, DONALD
Address: 234 SOUTH COCONUT LANE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: FAIRMAN, NEIL
Address: 180 PALM AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: OXIOS, GIB
Address: 115 WEST 3RD COURT
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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: HANS C. MUELLER P 08/28/2009

Electronic Signature of Signing Officer or Director — Date