

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097594

Entity Name: CARDINAL COMMUNITIES, INC.

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

1694 SABAL PALM DR  
BOCA RATON, FL 33432

## New Principal Place of Business:

102 NE 2ND ST - BOX 100  
BOCA RATON, FL 33432

## Current Mailing Address:

1694 SABAL PALM DR  
BOCA RATON, FL 33432

## New Mailing Address:

102 NE 2ND ST - BOX 100  
BOCA RATON, FL 33432

FEI Number: 20-3107969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, ARTHUR  
1694 SABAL PALM DR  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

COHEN, ARTHUR  
102 NE 2ND ST - BOX 100  
BOCA RATON, FL 33432 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:

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COHEN, ARTHUR  
Address: 1694 SABAL PALM DR  
City-St-Zip: BOCA RATON, FL 33432

Title: V (X) Delete  
Name: WILSON, CONNOR  
Address: 1694 SABAL PALM DR  
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Delete  
Name: COHEN, RACHEL  
Address: 1694 SABAL PALM DR  
City-St-Zip: BOCA RATON, FL 33432

Title: T (X) Delete  
Name: COHEN, DIANE  
Address: 1694 SABAL PALM DR  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COHEN, ARTHUR  
Address: 102 NE 2ND ST - BOX 100  
City-St-Zip: BOCA RATON, FL 33432

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR COHEN

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date