2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N0400001242 08 OCT - 1 PH 2: 45 CYPRESS RESERVE AT FLORA RIDGE HOMEOWNERS ASSOCIATION, INC. SCURETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1801 COOK AVENUE 1801 COOK AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 09162008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FFI Number 54-2147701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASHER, DONALD L Street Address (P.O. Box Number is Not Acceptable) 1801 COOK AVENUE ORLANDO, FL 32806 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ΡD TITLE ☐ Delete TITLE 700136576**96**7 O'SULLIVAN, CHARLIE NAME NAME 10/02/08--01036--006 **61.25 2379 BEVILLE ROAD STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32119 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE TITLE ☐ Change *Addition Mike SEATON, ROGER NAME OSPERNI 3400 W. Osceola PKny. 2379 BEVILLE ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP Simmee FL 34741 STD ☐ Delete TITLE Change ☐ Addition ADKINS, DERREK NAME NAME STREET ADDRESS 3400 W. OSCEOLA PKWY. STREET ADDRESS KISSIMMEE, FL 34741 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like an ordered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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