


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 050 ****61.25

DOCUMENT # N04000003450 1. Entity Name DONLIN DRIVE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business A & G MANAGEMENT SERVICES 11360 FORTUNE CIRCLE # E-6A WELLINGTON, FL 33414	Mailing Address A & G MANAGEMENT SERVICES 11924 FOREST HILL BLVD #22-221 WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02242008	Chg-NP	CR2E037 (12/06)
4. FEI Number 06-1725941	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A & G MANAGEMENT SERVICES 11924 FOREST HILL BLVD #22-221 WELLINGTON, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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: *George Palermo* Agent George Palermo 4/18/08 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	DP LEE, KEISHA <input type="checkbox"/> Delete	TITLE
NAME	11924 FOREST HILL BLVD 22221	NAME
STREET ADDRESS	WELLINGTON, FL 33414	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	DST GREENE, TIFFANY <input type="checkbox"/> Delete	TITLE
NAME	11924 FOREST HILL BLVD #22 PMB 221	NAME
STREET ADDRESS	WELLINGTON, FL 33414	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE
NAME	JIMENEZ, DAVID	NAME
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221	STREET ADDRESS
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

DVP Keisha Lee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11924 Forest Hill Blvd #22-221
Wellington, FL 33414
<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Gustavo Ortiz
11924 Forest Hill Blvd #22-221
Wellington, FL 33414
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Frances Smith
11924 Forest Hill Blvd #22-221
Wellington, FL 33414
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *George Palermo* Agent George Palermo 4/18/08 561-795-3182 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR