2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000396

FILED May 01, 2008 Secretary of State

Entity Name: TIBURON EAST OF SANTA ROSA COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4400 BAYOU BOULEVARD SUITE 35 PENSACOLA, FL 32503

Current Mailing Address: New Mailing Address:

4400 BAYOU BOULEVARD SUITE 35 PENSACOLA, FL 32503

FEI Number: 20-4897058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

LONGWELL, TINA 4400 BAYOU BOULEVARD SUITE 35 PENSACOLA, FL 32503 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:

Cleater in Circumstance of Devictors of American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:GILMORE, J. DANName:HOLCOMB, DAVIDAddress:2142 WINDERMERE CIRCLEAddress:128 JOHN KING ROAD STE 18

Address: 2142 WINDERMERE CIRCLE Address: 128 JOHN KING ROAD STE 128

Title: VP () Delete Title: VP (X) Change () Addition Name: BAKER, RICHARD R Name: MCEACHERN, SANDY

Address: 17 S. PALAFOX STREET, SUITE 394 Address: 128 JOHN KING ROAD STE 18
City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: CRESTVIEW, FL 32539

Title: OFF () Delete Title: DST (X) Change () Addition

Name:JERNIGAN, JENNIFERName:PATTERSON, MIKEAddress:17 S. PALAFOX STREET, SUITE 394Address:128 JOHN KING ROAD STE 18

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: CRESTVIEW, FL 32539

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: DAVID HOLCOMB DP 05/01/2008