2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002826

FILED May 01, 2006 Secretary of State

Entity Name: VILLAGES OF ST. MARKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 247 E 7TH AVE 431 WAVERLY ROAD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 431 WAVERLY ROAD 247 E 7TH AVE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32312 FEI Number: 59-3663031 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: BARRETT, DAVID A ISAACS, DAN L 111 S MONROE ST, 3RD FLOOR 431 WAVERLY ROAD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32312 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: DAN LEE ISAACS 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BARRETT, DAVID A Name: MEEKS, JIMMY Name: 247 E 7TH AVE Address: 1505 CAPITALCIRCLE NW Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: Title: (X) Change () Addition () Delete NOBLIN, MILLARD Name: WILSON, JEFF Name: Address: 3408 TREATY OAK TRAIL Address: 308 MCDANIEL STREET City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: DS (X) Change () Addition HARBIN, CASSANDRA CASEY, LARRY Name: Name: 3408 TREATY OAK TRAIL Address: Address: P.O. BOX 826 City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: WACISSA, FL 32361 Title: () Delete Title: DT () Change (X) Addition Name: Name: PICHARD, KEVIN 2956 WOODRICH DRIVE, APT A Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change (X) Addition GAGLIARDI, RON Name: Name: P.O. BOX 74 Address: Address: City-St-Zip: City-St-Zip: ST. MARKS, FL 32355 Title: () Delete Title: () Change (X) Addition JOHNSON, TOMMY Name: Name: Address: Address: P.O. BOX 776 CRAWFORDVILLE, FL 32326 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JIMMY MEEKS P 05/01/2006