2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N96000004757 05-17-2006 90016 005 ****61.25 DRAYTON PLACE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 12166 BIGGLY COURT P.O. BOX 19004 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32246 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3425853 City & State City & State Applied For 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 TAGLIAFERRI, DAVID L 12166 BIGGLY COURT Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32224 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) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Jim Littleton TAGLIAFERRI, DAVID L NAME NAME 12166 BIGGLY COURT 12182 Noves CT Jacksonville FL 32224 STREET ADORESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP Delete ☐ Change ☐ Addition LOUIS Mansour THEIS, STEPHANIE NAME NAME 4334 Ripken Circle FW. 4185 RIPKEN CIRCLE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP Jacksonville FL 32724 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAFLIAFERRI, SANDRA NAME STREET ADDRESS 12166 BIGGLY CT. STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP David Tagliafemi S 12166 Biggly Court TITLE Delete TITLE ☐ Addition TAYLOR, SANDY NAME NAME STREET ADDRESS 12177 MANTLE DRIVE STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition Addition MCNEIL, BARBARA NAME 4131 RIPKEN CIRCLE W STREET ADDRESS STREET ADORESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

FILED

May 17, 2006 8:00 am

4/26/06 904-641-5