2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

ANIOAE NEI ONI					Secretary of State				
DOCUMENT # N05000008203 1. Entity Name DARLINGTON PARK HOMEOWNERS' ASSOCIATION, INC.						2008 90025 0			
123 NW 13T	re of Business TH STREET SUITE 300 N, FL 33432	Mailing Address 123 NW 13TH STREET: BOCA RATON, FL 3343	Suite 300 32			••			
Prime		unagement	Group						
Suite, Apt. #, etc. 6300 Park of Commerce Blue 6				RIM	12008 Chg-NF	CR2E	037 (12/06)		
Eity & Stat	^{(e}	Boca Raton	PL	4, F	El Number 20-3294515		 	plied For t Applicable	
zip 33		^{Zip} 33481	Country	<u></u>	ertificate of Status D		\$8.75 Add — Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GAUDET, LYNNE 123 NW 13TH ST, STE 300				Name Gelfand, Jayne Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33432				Prime Management Group ITC					
			City	1300 1300	Ration	<u>Convin</u> F	7:- 0	187 1487	
8. The above	named entity submits this statement for	the purpose of changing its	registered office of					and accept	
the obligations of registered agent. SIGNATURE Signature, hybrid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered elent an	nd title if applicable. (NOTE	: Registered Agent signa	lure required when rei	nstating)				
	Signatus. typed of printed name of registered event an Filling Fee is \$61.25 Due by May 1, 2008		npaign Financing	\$5.0	O May Be	DATE			
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Cam Trust Fund C	npaign Financing	S5.0 Added	0 May Be	Make che Florida Dep	ck payable to artment of St	10	
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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 poor 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 of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SUCHATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

2-8.08

754-680-7956