2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2008 8:00 am Secretary of State **DOCUMENT #347830** 04-23-2008 90033 025 ***150.00 FLORIDA HOMES OF COLLIER, INC. Principal Place of Business Mailing Address 530 15TH SW 530 15TH \$W NAPLES, FL 34117 US NAPLES, FL 34117 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6 FIRST 6 FIRST Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For BONITA SPRINGS 59-1274195 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M VONDERAU SCHMAELING, GEORGE M Street Address (P.O. Box Number is Not Acceptable) 530 15TH ST. SW NAPLES, FL 34117 16 FIRST ST 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. indivan DAVID M VONDERAY The of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Addition Change ☐ Delete TITLE NAME SCMAELING, GEORGE M. NAME 115 MANCHESTER DR STREET ADDRESS 530 15TH ST SW STREET ADDRESS GUNTERSVILLE, AL 35976 CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Addition ☐ Delete NAME VONDERAU, DAVID M NAME STREET ADDRESS 16 FIRST STREET STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. Thereby 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 607. 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.

FILED