2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723806

Apr 15, 2009 Secretary of State

Entity Name: TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECTION ONE, INC.

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

2650 SKAN CRT

ORLANDO, FL 32839 US

Current Mailing Address: New Mailing Address:

2650 SKAN CRT

ORLANDO, FL 32839 US

OFFICERS AND DIRECTORS:

FEI Number: 59-1416215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KILLGORE PEARLMAN STAMP ORNSTEIN & SQUIRES 2 SOUTH ORANGE AVE., 5TH FLOOR ORLANDO, FL 32801 US ORLANDO, FL 32801

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SECRAN, AMANDA FONTANEZ, JOE Name: Name: 1480 NEPTUNE RD Address: 2680 SKAN COURT Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: ORLANDO, FL 32839

Title: () Delete Title: (X) Change () Addition HURLEY, JAMES Name: VAZQUEZ, JOSE Name:

Address: 3085 FLORAL WAY E Address: 4618 GREEN GLEN COURT City-St-Zip: APOPKA, FL 32703 City-St-Zip: ORLANDO, FL 32839

Title: () Delete Title: (X) Change () Addition WALLER, ROD HURLEY, JAMES Name: Name:

Address: 208 MARENGO AVE. Address: 3085 FLORAL WAY EAST City-St-Zip: FOREST PARK, IL 601301601 City-St-Zip: APOPKA, FL 32703

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

DE LOS SANTOS, HILARIA Name: RADICE, EUGENE Name: 2273 BLUE SAPPHIRE CIRCLE 4150 WINDCROSS LANE Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32839

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

VAZQUEZ, JOSE ROLLE, DONNA Name: Name:

4618 GREEN GLEN CT 4268 GREENPOCKET LANE Address: Address: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

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: JOE FONTANEZ Ρ 04/15/2009