2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 Emily Name
ENCOURTE GREEN HOMEOWNERS' ASSOCIATION, **INCORPORATION** 40064100 Principal Place of Business Mailing Address P.O. BOX 2641 P.O. BOX 2641 APOPKA, FL 32704-2641 APOPKA, FL 32704-2641 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TELFORD, WILLIAM 2035 EAGLES REST DRIVE Street Address (P.O. Box Number is Not Acceptable) 8 E. Main SA APOPKA, FL 32712 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 Make check payable to 9. Election Campaign Financing Filing Fee Is \$61,25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD IIILE ☐ Delete TITLE WILLIAMS, HARLYE E NAME NAME 1135 ENCOURTE GREEN STREET ADDRESS STREET ADORESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP VPD ☐ Change Addition TITLE Detete TITLE PATSY BRYANT 1011 ENCOUNTE GREEN GOBLE, J NAME NAME STREET ADDRESS 1181 ENCOURTE GREET STREET ADDRESS APOPKA, FL 32712 CITY - ST - 21P CITY - ST- 282 Delete IIILE ☐ Change Addition TITLE TONATHAN WRIGHT NAME GOBLE, JERRY MAME 952 ENCOUNTE GREEN STREET ADDRESS 1191 ENCOURTE GREEN STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition SCHOW JOANN NAME NAME 1039 ENCOURTE GREEEN STREET ADDRESS STREET ADDRESS APOPKA, FL 32712 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition HANSEN, VIRGINIA NAME NAME 1183 ENCOURTE GREEN STREET ADDRESS STREET ADORESS CITY-ST-ZE APOPKA, FL 32712 CITY-ST-ZIP ☐ Addition Change TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZXP CITY - ST - ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

-- JOANN SCHOV 4/13/07 4072672665