2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State
05-29-2008 90195 047 ****61.25

DOCUMENT # 749061

1. Entity Name
FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18481 73D PLACE MCALPIN, FL 32062 US	P.O. BOX 81 MCALPIN, FL 32062 US

05082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18094 77th Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: McAlpin, FL	City & State
Zip: 32062 Country: Suwannee	Zip Country

4. FEI Number: 59-2542409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLURE, DENNIS N 2061 WEDGEWOOD DR TALLAHASSEE, FL 32317	Name: Jones, Shirley A. Street Address (P.O. Box Number is Not Acceptable): 18094 77th Place City: McAlpin FL Zip Code: 32062

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: Shirley A. Jones Shirley A. Jones 5/09/08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALSOP, KENNETH 18481 73RD PL MC ALPIN, FL 32062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Alsop, Kenneth 18481 73rd Place McAlpin, FL 32062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCCLURE, DENNIS 2061 WEDGEWOOD DR TALLAHASSEE, FL 32317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kane, Thomas 7330 188th Place McAlpin, FL 32062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BURKHOLDER, JIM 18240 81ST STREET MC ALPIN, FL 32062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas Jones, Shirley A. 18094 77th Place McAlpin, FL 32062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES MARSON, MARILYN 4255 NW 77TH TERR GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marson, Marilyn 4255 NW 77th Terr. Gainesville, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHLEY, PETIE 18029 77TH PL MCALPIN, FL 32062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cohron, Williams 18080 77th Place McAlpin, FL 32062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EPP, DAVID 18618 73D PL MC ALPIN, FL 32062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Epp, David 18618 73rd Place McAlpin, FL 32062	☒ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Shirley A. Jones Shirley A. Jones 5/09/08 386-963-5357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

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40106104

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	TITLE: D NAME: Long, John STREET ADDRESS: 18671 73rd Place CITY-ST-ZIP: McAlpin, FL 32062 ☐ Change ☒ Addition
	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #