2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2008
Secretary of State

DOCUMENT# 749708

Entity Name: CHANNING VILLAS HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

2328 SOUTH CONGRESS AVE
SUITE 1-C
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

2328 SOUTH CONGRESS AVE
SUITE 1-C
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 59-1950581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAY STEVEN LEVINE, PA
3300 PGA BLVD
SUITE #350
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

DON, HILLEY
860 US HIGHWAY ONE
SUITE #108
NORTH PALM BEACH, FL 33408 US

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: DON HILLEY 07/24/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KINARD, JIM
Address: 11944 SUELLEN CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: DS ( ) Delete
Name: STIDHAM, NELL
Address: 12056 SUELLEN
City-St-Zip: WELLINGTON, FL 33414

Title: DT ( ) Delete
Name: MCGINNESS, ANNE
Address: 11957 SUELLEN CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: CARLTON, THERESA
Address: 11909 SUELLEN CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: ACKLEY, AMBER
Address: 12051 SUELLEN CIRCLE
City-St-Zip: WELLINTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JIM KINARD PD 07/24/2008
Electronic Signature of Signing Officer or Director — Date