2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # 757623** 1. Entity Mame 03-01-2006 90030 010 ****61.25 COLLEGE PARK CONDOMINIUM OWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address 201 COLLEGE BLVD. NICEVILLE FL 32578-1350 201 COLLEGE BLVD. NICEVILLE FL 32578-1350 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2127070 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEMETH, KIMBERLY A Street Address (P.O. Box Number is Not Acceptable) 1031 AIDER WOOD WAY NICEVILLE FL 32578 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE D Rodriguez, Jesus ☐ Change **X** Addition JACKSON, KEVIN NAME 1016 Countryside Ct. 201 E. COLLEGE BLVD #53 STREET ADDRESS STREET ADDRESS Ft. Walton Bch., FL 32547 NICEVILLE FL 32578 CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GUNN, JACOB NAME NAME 1601 DATE PALM DR STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KAPLAN, DAVE NAME NAME 907 E CHOCTOWHATCHEE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-7IP DMT TITLE ☐ Delete TITLE ☐ Change Addition NEMETH NEUMANS, KIM NAME NAME STREET ADDRESS 1031 ALDERWOOD WAY STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BHATTACHARYA, JAY NAME 107 COUNTRY CLUB DR. STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LOGAN, BOBBIE NAME NAME 478 OLDE POST RD. STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Kim Nemeth Neumans 2/21/01/2 850-729-7888

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NICEVILLE FL 32578