2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# 758883

Entity Name: DRUID OAKS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2282121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BECKER, DAVID R
Address: 2250 E DRUID RD #806
City-St-Zip: CLEARWATER, FL 33764

Title: TD ( ) Delete
Name: WATKINS, MARTY
Address: 2250 E DRUID RD #103
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete
Name: ANDERSON, BARBARA L
Address: 2250 E DRUID RD #101
City-St-Zip: CLEARWATER, FL 33764

Title: VPD ( ) Delete
Name: DOUGLASS, WILLIAM
Address: 2250 E DRUID RD #605
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: CAFFENTRIS, PETER
Address: 2250 E DRUID RD #601
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEVINE, JUDITH
Address: 2250 E DRUID RD #805
City-St-Zip: CLEARWATER, FL 33764

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

Title: VPD (X) Change ( ) Addition
Name: ANDERSON, BARBARA L
Address: 2250 E DRUID RD #101
City-St-Zip: CLEARWATER, FL 33764

Title: SD (X) Change ( ) Addition
Name: DOUGLASS, WILLIAM
Address: 2250 E DRUID RD #604
City-St-Zip: CLEARWATER, FL 33764

Title: D (X) Change ( ) Addition
Name: PERRINE, LOUIS
Address: 5145 SHERIDAN RD
City-St-Zip: KENOSHA, WI 53140

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH LEVINE PD 04/13/2007

Electronic Signature of Signing Officer or Director — Date