2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2007 8:00 am Secretary of State **DOCUMENT # 765336** 1. Entity Name 03-30-2007 90146 050 ****61.25 CUP 823-1 HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address %STANLEY F RICKER 37625 RICKER DRIVE LADY LK FL 32159 **%STANLEY F RICKER** 37625 RICKER DRIVE LADY LK FL 32159 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number City & State Applied For 59-2874794 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 Namo RICKER, STANLEY F Street Address (P.O. Box Number is Not Acceptable) 37625 RICKER DRIVE **LADY LK FL 32159** City 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 Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete THILE PD Change HILE Addition NAMI RICKER, STANLEY F. NAME STREET ADDRESS STREET ADDRESS 37625 RICKER DR RICKER, CLAIRE E. CITY ST ZIP CHY-S1-7IP LADY LAKE FL 11111. ☐ Delete VD. HILL ■ Addition NAME RICKER, CLAIRE E. NAM STREET ADDRESS 37625 RICKER DR STREET ADDRESS CHY SI 7/P CITY ST-ZIP LADY LAKE FL Defete THEF Change ■ Addition NAM RICKER, MARK STANLEY STREET ADORESS STREET ADDRESS 37703 RICKER DR CITY-SI-7IP CHY-ST 7IP LADY LAKE FL IIIII ☐ Defete HILL Change ☐ Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY SE 7th CHY ST 7IP TIFLE ☐ Delete 1110 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7tP CITY ST-ZIP 11111 ☐ Delete ☐ Change ☐ Addition RITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: CLAIRE RICHER Clave Licher 3-14-07 352-753-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case Daving Proce :

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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 roport is true and accurate and that my signature shall have the same logal 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.

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