2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2008 8:00 am Secretary of State DOCUMENT # K49250 03-14-2008 90044 005 ***150.00 FRIENDLY SHORES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 400 ---2201 S RIDGEWOOD AVE 2201 S RIDGEWOOD AVE EDGEWATER, FL 32141 **LOT 40** EDGEWATER, FL 32141 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03012008 Cha-P City & State City & State 4. FEI Number Applied For 59-2921102 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ASCHERL, SAM Street Address (P.O. Box Number is Not Acceptable) 2201 S RIDGEWOOD AVE #29 EDGEWATER, FL 32141 Zip Code City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete T!TL F ASCHERL, SAM NAME NAME STREET ADDRESS STREET ADDRESS 2201 \$ RIDGEWOOD AVE # 29 CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP Addition Delete TITLE TITLE Auge, Mary 2201 S. Ridgewood Ave. # 41 BATTERBEE, PATRICIA NAME STREET ADDRESS STREET ADDRESS 2201 S RIDGEWOOD AVE #17 Edgewater FL 32141 CITY-SI-ZIP CITY+SI-7IP EDGEWATER, FL 32141 Black, Robert H. 2201 S. Ridgewood Ave. # 9 Addition Delete TITLE TITLE ALBERS, PAUL NAME NAME 2201 S RIDGEWOOD AVE #14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP Edgewater FL 32141 ☐ Change □ Delete ■ Addition VOGEL, CHRISTOPHER NAME NAME STREET ADDRESS 2201 S. RIDGEWOOD AVE., #40 STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP Delete TIFLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 607, 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.

FILED