2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001569

FILED Apr 21, 2008 Secretary of State

Entity Name: THE SILVER DOLLAR COMMUNITY ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 17000 PATTERSON RD. 12525 SILVER DOLLAR DRIVE ODESSA, FL 33556 ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 12603 GOLF HAVEN DRIVE ODESSA, FL 33556 FEI Number: 59-3635508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAN DOREN, MATT VAN DOREN, MATT 12603 GOLF HAVEN DRIVE 12603 GOLF HAVEN DRIVE ODESSA, FL 33556 ODESSA, FL 33556 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: 04/21/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VAN DOREN, MATT Name: Name: 12603 GOLF HAVEN DRIVE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition LEE, RAY Name: GEIST, LINDEN Name: Address: 16801 SILVER SHORES LANE Address: 17068 SILVER SHORES LANE City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556 Title: () Delete Title: (X) Change () Addition BAILEY, DAN C TIMMER, THOMAS H Name: Name: 12616 GOLF HAVEN DRIVE 12602 GOLF HAVEN DRIVE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556 () Delete Title: TD Title: () Change () Addition Name: STEINBACH, SALLY Name: 16902 SILVER SHORES LANE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRISBIN, ROBERT BAILEY, DAN Name: Name: 16853 SILVER SHORES LN 12616 GOLF HAVEN DRIVE Address: Address: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556 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: THOMAS H TIMMER SD 04/21/2008