2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004789

FILED Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90038 008 ****61.25

| 1. Entity Name ENCHANTED ESTATES HOMEOWN INC. | NERS ASSOCIATION | | | | | | | |
|---|---|---|--|---|--|--------------------------------------|------------------------------|--|
| Principal Place of Business 4 LAGUNA STREET STE 201 FORT WALTON BEACH, FL 32548 | Mailing Address 4 Laguna Street Ste 201 Fort Walton Beach, | FL 32548 | | 10045719 | OEN BONK GOVER | 1 222 1 ELLIE 121 | | |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 008 Chg-NP | CR2E037 | (12/06) | | |
| City & State | City & State | | | umber 2292342 | | | plied For t Applicable | |
| Zip Country | Zip | Country | | icate of Status Desired | Fe C | 8.75 Add se Required | | |
| 6. Name and Address of Current Registered Agent | | Name | 7. Name and Address of New Registered Agent | | | | | |
| COLBERT, RICHARD M 4 LAGUNA STREET STE 201 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| FORT WALTON BEACH, FL 32548 | | | | | | | | |
| | | City | | | FL | Zip Code | 9 | |
| The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. | | | | | | miliar with, | and accept | |
| entailment where or his upon upung or realizationed affault | and title if applicable. (NOTE | E: Registered Agent signs | ture required when reinstat | ng) | DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | npaign Financing | \$5.00 Added to | May Be Fees Flo | Make check porida Departn | ent of St | ate | |
| Filing Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DI | 9. Election Can Trust Fund C | npaign Financing | \$5.00 Added to | May Be | Make check porida Departn | ent of St | ate | |
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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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

550 244-350 Daytime Phone #

Ochard M. Colbrat