2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N01000003464 04-27-2006 90189 050 ****70.00 LOMÁ VISTA PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 5405 DIPLOMAT CIRCLE 5405 DIPLOMAT CIRCLE 100 100 ORLANDO, FL 32810 ORLANDO, FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04252006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Numbe Applied For 56-2380728 Not Applicable Zip Country 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 CLAYTON, KENNETH M % CLAYTON & MCCULLON Street Address (P.O. Box Number is Not Acceptable) 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 City Zio 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE CINTON, BRANTY W **C**Change ☐ Addition CLAYTON, BRANTLY W NAME NAME 5405 Diplomar Circle Ste 100 STREET ADDRESS 5405 DIPLOMAT CIRCLE STREET ADDRESS ORLANDO, FL 32510 CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition CIAYTON, W. Malcolm CLAYTON, W. MALCOLM NAME NAME 5405 DIPLOMAT CINCLE STE 100 5405 DIPLOMAT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP OPLANDO, FL 32810 TITLE ☐ Delete TITLE Y Change ■ Addition DODGE, LINDA S DODGE, LINDA J. NAME NAME THOU DIDOMAT CIRELE STE 100 5405 DIPLOMAT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP ORIANDO, FL 32510 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-7IP

CITY-ST-ZIP

W. Makolm Clarron 4/25/010