2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000234

FILED Mar 28, 2008 Secretary of State

Entity Name: TOWN CENTER RESERVE HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

675 E HWY 50 RESERVE DRIVE

CLERMONT, FL 34711 DAVENPORT, FL 33896

Current Mailing Address: New Mailing Address:

PO BOX 121526 5955 T.G. LEE BLVD

CLERMONT, FL 34712 SUITE 300 ORLANDO, FL 32822 44

FEI Number: 02-0618507 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:

CORDERO, MARIO FURLOW, REBECCA 675 E HWY 50 5955 T.G. LEE BLVD.

CLERMONT, FL 34711 US SUITE 300 ORLANDO, FL 32822 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: REBECCA FURLOW 03/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 THUL, MATHAIS
 Name:
 DICKSON, BRIAN

 Address:
 604 SOUTH PARK AVE
 Address:
 263 RESERVE DRIVE

 City-St-Zip:
 AUDUBOU, PA 19403
 City-St-Zip:
 DAVENPORT, FL 33896

Title: VPD () Delete Title: VPD (X) Change () Addition Name: DICKSON, BRIAN Name: OLIVER, STUART

 Address:
 263 RESERVE DRIVE
 Address:
 334 RESERVE DRIVE

 City-St-Zip:
 DAVENPORT, FL 33896
 City-St-Zip:
 DAVENPORT, FL 33896

Title: STD () Delete Title: TRES (X) Change () Addition

 Name:
 EDWARDS, LINDA
 Name:
 MCNULTY, ELAINE

 Address:
 426 RESERVE DR
 Address:
 120 RESERVE DRIVE

 City-St-Zip:
 DAVENPORT, FL 33896
 City-St-Zip:
 DAVENPORT, FL 33896

Title: D (X) Delete Title: () Change () Addition

 Name:
 PEPPER, YVONNE M
 Name:

 Address:
 529 RESERVE DRIVE
 Address:

 City-St-Zip:
 DAVENPORT, FL 33896
 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: REBECCA FURLOW PRES 03/28/2008