2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

| DOCUMENT # N02000002766 1. Entity Name DAKOTAS HOMEOWNERS' ASSOCIATION, INC. | | | | | | | | | 03-19-2007 | 90070 03 | 6 ****61.2 | 25 |
|--|---|--|----------------------|---|--|---|--------------|--|--------------------------------------|---|--|------------------------------|
| Principal Place of Business 117 SOPHIA MARIE COVE SANFORD, FL 32771 | | | 100 5 | Mailing Address 100 SOPHIA MARIE COVE SANFORD, FL 32771 | | | | | 003788 | | | |
| 2. Principal P | lace of Busin | 3. Maili | 3. Mailing Address | | | | · | | | | | |
| 2. Principal Place of Business - No P.O. Box # 116 Sophia Marie Cove Sulte, Apt. #, etc. | | | <u>-</u> | | | | | I ISBNIBI BIF | Salla Jram 25tti 95tti 1 | 66111 46111 46116 1 | ir i tu santa eltin a lt | ITST ST FAST |
| Suite, Apt. | #, etc. | | Sur | te, Apt. #, etc. | | | | 03142007 | Chg-NP | CR2E0 | 37 (12/06) | |
| Sanford | | | City | City & State | | | | 4. FEI Numbe 02-062 | | | ├ ─ | plied For t Applicable |
| Zip | | Seminole | Zip | 32771 | Co | untry U.S | A | 5. Certificate | of Status Desired | | \$8.75 Add Fee Required | |
| | 6. Name | and Address of Curren | t Registere | d Agent | | [| | 7. Name and | Address of New | Registered | Agent | |
| JACOBS, I | DAVID | | | | | Name Donna J. Poole | | | | | | |
| 117 SOPH SANFORD | | | | | | Street Ad | ddress (| B.O. Box Number | er is Not Accepta | ple) Col | e | |
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| | | | | | | City Sanford FL Zip Sode | | | | | 1771 | |
| | named entitions of regist | y submits this statement tered agent. | or the purpo | ose of changing its | s register | | | | th, in the State of | Florida. 1 am | familiar with, | and accept |
| 2-14-07 | | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | [| | |
| | | or printed rearrow or regions to again | st and title ii appi | icable. (NO | TE: Registere | ed Agent signatu | ore required | when reinstating) | | DATE | | |
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12. I nereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or director 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 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

3-14-07

321-377-1043

Daytime Pr