2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N02000005132

Entity Name: SCRIBNER VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 68-0520572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MGMT INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ROMANILLI, PETER
Address: 2491 SAWYER TERR
City-St-Zip: WELLINGTON, FL 33414

Title: PD ( ) Delete
Name: JAFFIIN, SCOTT
Address: 2670 SAYER TERR
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: THEODOSSIS, ANASIASSIOS
Address: 9834 SCRIBNER LN
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ROMANILLI, PETER
Address: 2491 SAWYER TERR
City-St-Zip: WELLINGTON, FL 33414

Title: PD (X) Change ( ) Addition
Name: THEODOSSIS, ANASTASSIOS
Address: 9834 SCRIBNER LANE
City-St-Zip: WELLINGTON, FL 33414

Title: TD (X) Change ( ) Addition
Name: SILHA, WAYNE
Address: 9833 SCRIBNER LANE
City-St-Zip: WELLINGTON, FL 33414

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: PETER ROMANELLI VP 01/15/2009

Electronic Signature of Signing Officer or Director — Date