·2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # N02000006471 04-20-2007 90081 021 ****61.25 SCENIC PINES VILLAGE OF HERITAGE PINES, INC. Principal Place of Business Mailing Address 11524 SCENIC HILLS BLVD. 11524 SCENIC HILLS BLVD. HUDSON, FL 34667 HUDSON, FL 34667 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-NP CR2E037 (12/06) Applied For City & State City & State FEI Number 42-1570417 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULLIGAN, EVANS 11524 SCENIC HILLS BLVD. HUDSON, FL 34667 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Change TITLE TITLE ☐ Addition DOTSON, JACK NAME NAME 11524 SCENIC HILLS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP VP ☐ Delete ☐ Change TITLE TITEE Addition LOVEALL, EARL NAME STREET ADDRESS 11524 SCENIC HILLS BLVD. STREET ADDRESS CITY-ST-7IP HUDSON, FL 34667 CITY-ST-ZIP Change SDT TITLE ☐ Delete TITLE Addition SPAIN, OMA NAME NAME STREET ADDRESS 11524 SCENIC HILLS BLVD. STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with allyother life empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate Caytime Phone #

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