2006 NOT-FOR-PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N03000002364 05-01-2006 90334 022 ****61.25 1. Entity Name GREENS AT WESTLAND COMMUNITES, INC. Principal Place of Business Mailing Address 9471 BAYMEADOWS ROAD 9471 BAYMEADOWS ROAD SUITE 403 SUITE 403 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business 3. Mailing Address 8833 Penimeter Park Blud Same as Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 Cha-NP CR2E037 (11/05) Suite 1104 City & State City & State 4. FEI Number 20-0731441 Applied For Jackionville Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Duval 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NOCHAnge YOUNG, JAMES R : : 🦠 ADDRESS CHANGE Street Address (P.O. Box Number is Not Acceptable) Blvd 9471 BAYMEADOWS ROAD SDITE 403 JACKSONVILLE, TA Zin Code 32216 Jacksonville 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 obligation registered agent SIGNATURE ed agent anotitie if applicable. Filing Fee is \$61,25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PS TITLE ☐ Delete TITLE ___ Addition YOUNG, JAMES R NAME NAME 9471 BAYMEADOWS ROAD, SUITE 403 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32256 32216 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STAPP, MARK S NAME NAME 15828 SOUTH 35TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHOENIX, AZ 85048 CITY-ST-7IP TITI F Change Addition TIT1 F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition ____ NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME

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 all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED