2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N03000006397

Entity Name: ESPANITA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

414 OLD HARD ROAD - SUITE 201
ORANGE PARK, FL 32003

New Principal Place of Business:

414 OLD HARD ROAD - SUITE 201
FLEMING ISLAND, FL 32003

Current Mailing Address:

414 OLD HARD ROAD - SUITE 201
ORANGE PARK, FL 32003

New Mailing Address:

414 OLD HARD ROAD - SUITE 201
FLEMING ISLAND, FL 32003

FEI Number: 20-0145910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDIAN PROPERTY MANAGEMENT, LLC
414 OLD HARD ROAD - SUITE 201
ORANGE PARK, FL 32003 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: PD ( ) Delete
Name: WOOD, SUSAN D
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408

Title: VP ( ) Delete
Name: JOHNSON, ALLAN
Address: 16 SEASCAPE CIR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ST ( ) Delete
Name: BAILEY, MARSHALL S
Address: 75 SAN MARCO AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOOD, SUSAN D
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: FLEMING ISLAND, FL 320033408

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: SUSAN D WOOD PD 03/16/2009

Electronic Signature of Signing Officer or Director — Date