2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # N03000010850 04-09-2007 90066 029 ****61.25 THE SHOALS PROPERTY OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 4000000 903 ACADEMY DR 903 ACADEMY DR BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 20-0332993 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DISHMON, MARY Street Address (P.O. Box Number is Not Acceptable) 903 ACADEMY DR BRANDON, FL 33511 City Zip Code FL 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 obligations of registered agent. SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE PRESIDENT Change **Addition** DISHMON, JOHN NAME. RCHARD BARRETT 903 ACADEMY DR STREET ADDRESS STREET ADDRESS 918 SHOALS LANDING DR CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP BRANDON, FL 33511 TITLE Delete TITLE Addition GASPAR DISHMON, MARY B RICHARA NAME NAME STREET ADDRESS 903 ACADEMY DR STREET ADDRESS 8802 DYER RD RIVER VIEW FL 33569 SECRETARY / TREASURER Kinge BRANDON, FL 33511 CITY-ST-7IP CITY-ST-ZIP IIILE THE Delete ☐ Addition NAME NICHOLAS, AUDREY L NAME MARY DISHNION 903 ACADEMY DR STREET ADDRESS STREET ADDRESS 903 ACADEMY DR CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-7IP BRANDON FL TITLE ☐ Delete TIRE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P City-St-ZiP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED