2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N04000002108

Entity Name: THE GABLES AT WINGFIELD TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MANAGEMENT
5435 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

475 WEST TOWN PLACE
SUITE 112
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

C/O MAY MANAGEMENT
5435 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

C/O MAY MANAGEMENT
5435 A1A SOUTH, SUITE 3
SAINT AUGUSTINE, FL 32080

FEI Number: 54-2146686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ONEIL, CYNTHIA
C/O MAY MANAGEMENT
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS 04/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZENZI, ROGERS
Address: 926 SCRUB JAY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete
Name: BARANDON, SWEETING
Address: 533 SCRUB JAY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S ( ) Delete
Name: OAKLEY-SULTON, MICHELLE
Address: 911 SCRUB JOY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARSHALL, CHRISTINE
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition
Name: AUSTIN, CHRISTOPHER
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST (X) Change ( ) Addition
Name: MONTOLIO, LUIGI
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: CHRISTINE MARSHALL P 04/09/2009
Electronic Signature of Signing Officer or Director — Date