2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N04000003880

Entity Name: SUNCREEK RANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GABLES PROPERTY MANAGEMENT, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

C/O GABLES PROPERTY MANAGEMENT, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-2008810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, PA
150 SO. PINE ISLAND ROAD
#540
FT. LAUDERDALE, FL 33324 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: OLDENBOOM, JAN D
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete
Name: SMITH, SCOTT D
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: DIR (X) Delete
Name: RONZETTI, DUKE
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: DIR ( ) Delete
Name: CORRERA, KENNETH F
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: DIR (X) Delete
Name: LEONE, GREG
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SMITH, SCOTT D
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

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

Title: S/T (X) Change ( ) Addition
Name: CORRERA, KENNETH F
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAN OLDENBOOM PD 04/19/2007

Electronic Signature of Signing Officer or Director — Date