2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004488

FILED Apr 24, 2007 Secretary of State

Entity Name: TROUT RIVER LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10250 NORMANDY BLVD. SUITE 702 JACKSONVILLE, FL 32221 **Current Mailing Address: New Mailing Address:** 10250 NORMANDY BLVD. SUITE 702 JACKSONVILLE, FL 32221 FEI Number: 20-1087545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, DOUG 10250 NORMANDY BLVD. SUITE 702 JACKSONVILLE, FL 32221 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CASS, DAYNA Name: Name: 10990 RIVER FALLS DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition Name: HOENING, PATTY Name: MCMAHAN, EVA Address: 10949 RIVER FALLS DR. Address: 10964 RIVER FALLS DRIVE City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32219 Title: VD. () Delete Title: **VPD** (X) Change () Addition SMITH, DOUG JONES, FELECIA Name: Name: 8323 RAMONA BLVD 10965 RIVER FALLS DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32219 Title: STD (X) Delete Title: () Change () Addition Name: MCMAHAN, EVA Name: Address: 10964 RIVER FALLS DR Address: City-St-Zip: JACKSONVILLE, FL 32219 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: DAYNA CASS PD 04/24/2007