2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90348 034 ****70.00

DOCUMENT # N0400005113

NAME STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # N04000005113 SIERRA OAKS WEST HOMEOWNERS ASSOCIATION, INC. 40084693 Principal Place of Business Mailing Address 2455 CAMPHORWOOD CT PO BOX 65908 ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 CR2E037 (12/06) Chq-NP Applied For 4. FEI Number 57-1206207 City & State City & State Not Applicable Country 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 ENSELL, KURT A 2455 CAMPHORWOOD CT ORANGE PARK, FL 32065 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 Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PD Delete TITLE TITLE NAME FINN KEVIN NAME 125 A Industrial Loop W STREET ADDRESS 6833 PHILLIPS INDUSTRIAL LOOP STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP VPD Addition TITLE Delete TITLE MORGANTI, ROBERT NAME NAME STREET ADDRESS 330 CROSSING BLVD. SUITE 200 STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-7IP Delete Addition TITLE TITLE SORRELLE, BETSY NAME 6833 PHILLIPS INDUSTRIAL LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP ☐ Change Addition SD Delete TITLE LIMA, CYNTHIA NAME NAME 330 CROSSING BLVD. SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP ☐ Delete TILLE ☐ Addition TULLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

12. I hereby certify that the information supplied with this filing 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 entrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attacher of the corporation of the corpor

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR A FAISE 1 Date Date Date Date