## 2008 NOT-FOR-PROFIT CORPORATION ∡ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90026 019 \*\*\*\*61.25 DOCUMENT # N04000006632 CLUBHOUSE HERITAGE PHASE II PROPERTY OWNERS' ASSOCIATION, INC. 40042102 Principal Place of Business Mailing Address 3421 STONEWAY DRIVE 102 PARK PLACE BLVD, STE D-2 KISSIMMEE, FL 34741 US LAKELAND, FL 33812 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01252008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 55-0874494 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA ASSOCIATION MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 102 PARK PLACE BLVD STE D-2 KISSIMMEE, FL 34741 Zip Code 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 SIGNATURE Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Hoobin, Sean, PD 3465 Hilson Drive TITLE Delete TITLE ROSE, DARRIN NAME NAME STREET ADDRESS P.O. BOX 854 STREET ADDRESS Lakeland, FL 33812 HIGHLAND CITY, FL 33846 CITY-ST-ZIP CITY-ST-ZIP DV TITLE Delete. HILE Francis, Gina 3502 Stoneway Drive Lakeland, FL 33812 HUNT, ERIC NAME NAME STREET ADDRESS P.O. BOX 854 STREET ADDRESS CITY-ST-ZIP HIGHLAND CITY, FL 33846 CITY-ST-ZIP DS Delete TITLE TITLE ordro, Stephanie 3420, Stopeway Dri NAME CABRAL, ARNALDO NAME P.O. BOX 854 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGHLAND CITY, FL 33846 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE MCCANTS, GERALDYNE NAME NAME P.O. BOX 854 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGHLAND CITY, FL 33846 CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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. Thereby 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 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.

**FILED**