2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # N04000009085 04-20-2007 90071 037 ****61.25 1. Entity Name THE VILLAS AT FAIRLOOP RUN ASSOCIATION, INC. 10072000 Principal Place of Business Mailing Address C/O TROPICAL ISLES C/O TROPICAL ISLES 12734 KENWOOD LANE, SUITE 49 12734 KENWOOD LANE, SUITE 49 FT MYERS, FL 33907 FT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 Chg-NP CR2E037 (12/06) 4. FEI Number 51-0525189 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARK RUDLAND SHIELDS, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY ST FT MYERS, FL 33901 City Zip Code <u>Myers</u> **73907** 8. The above named entity submits this statement for the purpose of phanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent MARK RUDGAND SIGNATURE (NOTE, Registered Agent signature required when reinstating) litle if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete ☐ Change ☑ Addition TITLE TITLE SORENSON, ANDY NAME NAME 7 Frailsof 10481 SIX MILE CYPRESS PKWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT MYERS, FL 33912 Change Addition TITLE Delete TITLE DEVEREAUX, MATT NAME NAME 10481 SIX MILE CYPRESS PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP ☐ Change 🔀 Addition ASM TITLE TITLE ☐ Delete RUDLAND, MARK NAME NAME STREET ADDRESS 12734 KENWOOD LANE, SUITE 49 STREET ADDRESS FT MYERS, FL 33907 CITY-ST-ZIP CITY-ST-7IP ☐ Change → Addition Delete TITLE TITLE HAGEN, JOHN NAME STREET ADDRESS STREET ADDRESS 10481 SIX MILE CYPRESS PKWY. CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP