2008 NOT-FOR-PROFIT CORPORATION

Feb 14, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N04000009519** 02-14-2008 90024 004 ****61.25 1. Entity Name CASA DI COMPAGNI PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 515 27TH ST E 515 27TH ST E SUITE #3 SUITE #3 BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-1726551 Applied For Not Applicable Zip Country Country Zρ \$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 HILL, TRAVIS L Street Address (P.O. Box Number is Not Acceptable) 515 27TH ST E SUITE 3 BRADENTON, FL 34208 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 the obligations of registered agent. Travis L. Hill SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE PD TITLE **▼** Addition Jesse Hostetler MARAIA, JOHN NAME NAME 2123 Global Court 13626 LEGENDS WALK TERRACE STREET ADDRESS STREET ADDRESS Sarasota, F1 34240 CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-7IP STD ■ Addition ППЕ ☐ Detete TITLE Change NAME HILL, TRAVIS Ł NAME STREET ADDRESS 515 27TH STREET E SUITE 3 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-7IP D Delete Addition TITLE TITLE ☐ Change Chad Davie 1588 Falmer Glen Circle Sarasota, Fl 34240 NAME HILL NICOLE L NAME 515 27TH STREET E SUITE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-7P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME MALKE

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12. I hereby certify that the information supplied with this fitting 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

STREET ADDRESS

1131108 SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP