2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N04000011428

Entity Name: MURABELLA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408

New Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 320033408

Current Mailing Address:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408

New Mailing Address:

414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 320033408

FEI Number: 20-2222095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, SUSAN D
414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408 US

Name and Address of New Registered Agent:

WOOD, SUSAN D
414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 320033408 US

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: _____ 03/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: WOOD, SUSAN D PRES
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

Title: T/D ( ) Delete
Name: MCNEAL, DOLORES C T
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

Title: S/D ( ) Delete
Name: SPENCER, SANDRA SEC
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: WOOD, SUSAN D PRES
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: FLEMING ISLAND, FL 320033408 US

Title: T/D (X) Change ( ) Addition
Name: SMITH, SHIRLEY TREA
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: FLEMING ISLAND, FL 320033408 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN D WOOD RA 03/16/2009
Electronic Signature of Signing Officer or Director — Date