2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011661

FILED Mar 12, 2008 Secretary of State

Entity Name: EMBASSY PARK TOWNHOMES CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 13550 EMBASSY PARK CT. 37306 EMBASSY PARK LANE DADE CITY, FL 33525 DADE CITY, FL 33525 **Current Mailing Address: New Mailing Address:** 13550 EMBASSY PARK CT. 37306 EMBASSY PARK LANE DADE CITY, FL 33525 DADE CITY, FL 33525 FEI Number: 20-2250854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: RODRIGUEZ, DIGNA MCCLAIN, MELINDA 13550 EMBAŚSY PARK CT. 37306 EMBASSY PARK LANE DADE CITY, FL 33525 DADE CITY, FL 33525 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: MELINDA MCCLAIN 03/12/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RODRIGUEZ, DIGNA MCCLAIN, MELINDA Name: Name: 13550 EMBASSY PARK CT. Address: 37306 EMBASSY PARK LANE Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525 Title: () Delete Title: () Change () Addition Name: LEONARD, ARIANA Name: Address: 37302 EMBASSY PARK CT. Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: WALKER, JOSEPH M Name: 13547 EMBASSY PARK COURT Address: Address: City-St-Zip: City-St-Zip: DADE CITY, FL 33525 US

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: MELINDA MCCLAIN D 03/12/2008