2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011853

FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90278 013 ****61.25

| | 232 PROPERTY OWN | NERS ASSOC | SIATION, INC. | | | | | | | |
|---|--|-------------------------------|---|---|--|--|--------------------|-------------|--|--|
| Principal Place of Business 2940 SPORTS CORE CIR. WESLEY CHAPEL, FL 33543 | | 2940 | Mailing Address 2940 SPORTS CORE CIR. WESLEY CHAPEL, FL 33543 | | | | | | | |
| 2. Principal Place of Business | | 3. Mail | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Sui | Suite, Apt. #, etc. | | | | Chg-NP | CR2E03 | 37 (10/03) | |
| City & State | | Cit | City & State | | | 4. FEI Number Applied For 20 - 267 /6 0 2 Not Applicable | | | | |
| Zip | Country Zi | | Zip Country | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | |
| | 6. Name and Address of | Current Registere | d Agent | | | 7. Name and Ad | dress of New Re | egistered / | Agent | |
| DAVIS All EEN S | | | Name | | | | | | | |
| DAVIS, AILEEN S 100 SOUTH ASHLEY DR., SUITE 1500 TAMPA, FL 33602 | | 1500 | SI | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | | FL | Zip Cod | e |
| 8. The above the obligat | e named entity submits this stat tions of registered agent. | ement for the purpo | ose of changing its re | gistered offic | ce or register | red agent, or both, i | n the State of Flo | | familiar with, | and accept |
| SIGNATURE . | Signature, typed or printed name of regist | tered agent and title if appl | licable. (NOTE: R | edistered Agent si | sionature required | f when reinstating) | | DATE | | ···· |
| Filing Fee is \$61.25 | | | 9. Election Campaign Financing | | | | | | | |
| | - | | | _ | | \$5.00 May Be | | | payable t | |
| | Due by May 1, 2005 | | 9. Election Camp Trust Fund Cor | ntribution. | <u> </u> | Added to Fees | Flori | da Depar | tment of S | tate |
| 10. | Due by May 1, 2005 OFFICERS | AND DIRECTORS | Trust Fund Cor | ntribution. | <u> </u> | | Flori | da Depar | RECTORS IN | l 10 |
| TITLE | Due by May 1, 2005 OFFICERS | AND DIRECTORS | | 11. TITLE | <u> </u> | Added to Fees | Flori | da Depar | tment of S | tate |
| | Due by May 1, 2005 OFFICERS | | Trust Fund Cor | ntribution. | <u> </u> | Added to Fees | Flori | da Depar | RECTORS IN | l 10 |
| TITLE NAME | OFFICERS D WEBER, CRAIG B | ₹. | Trust Fund Cor | 11. TITLE NAME | <u> </u> | Added to Fees | Flori | da Depar | RECTORS IN | l 10 |
| TITLE NAME STREET ADDRESS | OFFICERS D WEBER, CRAIG B 2940 SPORTS CORE CIF | ₹. | Trust Fund Cor | 11. TITLE NAME STREET ADDRE | <u> </u> | Added to Fees | Flori | da Depar | RECTORS IN | l 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Due by May 1, 2005 OFFICERS D WEBER, CRAIG B 2940 SPORTS CORE CIF WESLEY CHAPEL, FL 3. D NETTINA, PAUL | ₹. 3543 | Trust Fund Cor | 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME | ESS | Added to Fees | Flori | da Depar | tment of S RECTORS IN | tate I 10 ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2005 OFFICERS D WEBER, CRAIG B 2940 SPORTS CORE CIF WESLEY CHAPEL, FL 3: D NETTINA, PAUL 2940 SPORTS CORE CIF | ₹. 3543 ₹. | Trust Fund Cor | 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADORE | ESS | Added to Fees | Flori | da Depar | tment of S RECTORS IN | tate I 10 ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Due by May 1, 2005 OFFICERS D WEBER, CRAIG B 2940 SPORTS CORE CIF WESLEY CHAPEL, FL 3: D NETTINA, PAUL 2940 SPORTS CORE CIF WESLEY CHAPEL, FL 3: | ₹. 3543 ₹. | Trust Fund Cor | 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP | ESS | Added to Fees | Flori | da Depar | tment of S RECTORS IN Change Change | Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLENE ELMORE

Daytime Phone #