2007 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Jul 10, 2007 08:00 AM DOCUMENT # N04039 **Secretary of State** TRILLIUM COURT HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3532 TRILLIUM COURT 3532 TRILLIUM COURT TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 US. 07032007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2937089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, DANIEL S. DO NOT WRITE 3532 TRILLIUM CT. TALLAHASSEE, FL IN THIS SPACE 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. SIGNATURE. Signature, typed or printed name of regretated agent and tale if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees U00000757451 OFFICERS AND DIRECTORS 10. TITLE NAME ANSLEY, LEIGH H. STREET ADDRESS 3244 TRILLIUM CT. CITY-ST-7/P TALLAHASSEE, FL THEF NAME MILLER, DANIEL S. STREET ADDRESS 3532 TRILLIUM CT. CITY-ST-ZIP TALLAHASSEE, FL HILE 桶桶 MILLER, REBECCA G. STREET ADDRESS 3532 TRILLIUM CT. DO NOT WRITE CITY-ST-ZIP TALLAHASSEE, FL TETLE IN THIS SPACE NAME STREET ADORESS

12. I hereby certify that the information supplied with this filling 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 cath; 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:

CITY-ST-ZIP TIBLE NAME STREET ADDRESS CHTY-ST-ZiP TITLE MAME STREET AGORESS CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

850-8935757