2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N04151

Entity Name: COUNTRY WALK OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

433 MAPLE BLUFF CIRCLE
MELBOURNE, FL 32940

New Principal Place of Business:

401 MAPLE BLUFF CIR
MELBOURNE, FL 32940

Current Mailing Address:

PO BOX 411055
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 59-2491114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, KATHERINE
8534 EOLA CT
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MISA, MICHAEL
Address: 393 OAK HAVEN DR
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: MCKANNA, MARILYN
Address: 309 PINE RIDGE LANE
City-St-Zip: MELBOURNE, FL

Title: V ( ) Delete
Name: THOMAS, MARVIN
Address: 350 OAK HAVEN DR
City-St-Zip: MELBOURNE, FL 32940

Title: SD ( ) Delete
Name: FOXWELL, LEO
Address: 418 MAPLE BLUFF CIR
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: BORTS, BEVERLY
Address: 330 OAK HAVEN DR
City-St-Zip: MELBOURNE, FL 32940

Title: TD ( ) Delete
Name: COLETTA, PAUL
Address: 433 MAPLE BLUFF CIR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: O'NEILL, MICHAEL
Address: 401 MAPLE BLUFF CIR
City-St-Zip: MELBOURNE, FL 32940

Title: V (X) Change ( ) Addition
Name: MISA, MICHAEL
Address: 393 OAK HAVEN DR
City-St-Zip: MELBOURNE, FL

Title: SD (X) Change ( ) Addition
Name: FOXWELL, LEO
Address: 418 MAPLE BLUFF CIR
City-St-Zip: MELBOURNE, FL 32940

Title: TD (X) Change ( ) Addition
Name: HERRERO, PATRICK
Address: 313 PINE RIDGE LN
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition
Name: MCKANNA, MARILYN
Address: 309 PINE RIDGE LN
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition
Name: BOWEN, WILLIAM
Address: 293 OAK HAVEN DR
City-St-Zip: MELBOURNE, FL 32940

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: MICHAEL J. O'NEILL P 02/13/2009

Electronic Signature of Signing Officer or Director — Date