2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N05000000963

Entity Name: ROLLING MEADOWS OF MACCLEENY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6101 GAZEBO PACE N
STE 107
JACKSONVILLE, FL 32257

New Principal Place of Business:

11746 BLUEBERRY LANE
MACCLENNY, FL 32063

Current Mailing Address:

P. O. BOX 65908
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 20-3081984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ENSELL, KURT A
2455 CAMPHORWOOD CRT
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

ENSELL, KURT A
125A INDUSTRIAL LOOP W
ORANGE PARK, FL 32073 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: _____ 05/01/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHACTER, DAVID
Address: 6101 GAZEBO PARK PL N STE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: FERGUSON, JEFF
Address: 6101 GAZEBO PARK PL N STE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP (X) Delete
Name: MORGANTI, ROBERT
Address: 330 CROSSING BLVD. SUITE 200
City-St-Zip: ORANGE PARK, FL 32073

Title: DST ( ) Delete
Name: LIMA, CINDY
Address: 330 CROSSING BLVD. SUITE 200
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CINDY LIMA DST 05/01/2008
Electronic Signature of Signing Officer or Director — Date