2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-21-2008 90094 010 ****61.25 DOCUMENT # N05000001442 REDDICK'S CORNER HOMEOWNER'S ASSOCIATION, Principal Place of Business Mailing Address 2045 SAN MARCOS DRIVE 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33880 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 01252008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 20-2461347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TENAGLIA, RICHARD A C/O CREATIVE ASSOCIATION SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880 Zip Code 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, TITLE Delete ☐ Change Addition TITLE Tara Cooley POPADAK, TOM NAME NAME 547 Reddicks Circle 553 REDDICKS CIRCLE STREET ADDRESS STREET ADDRESS Winter Haven, FL 33884 CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE TITLE Delete 🐧 Change ☐ Addition NAME HOLZHAUSER, THOMAS NAME Juan Torres STREET ADDRESS 532 REDDICKS CIRCLE STREET ADDRESS 560 Reddicks Circle Winter Haven, FL 33884 WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition 1. Change NAME TORRES, JUAN NAME Tom Holzhauser 560 REDDICKS CIRCLE 532 Reddicks Circle STREET ADDRESS STREET ADDRESS Winter Haven, FL 33884 CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP Delete TITLE Addition Addition TITLE NAME NAME Tom Hartley STREET ADDRESS STREET ADDRESS 518 Reddicks Circle Winter Haven, FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Tom Popodak NAME NAME 553 Reddicks Circle STREET ADDRESS STREET ADDRESS Winter Haven, FL 33884 CITY-ST-7/P CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Apr 21, 2008 8:00 am Secretary of State