2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004462

FILED May 05, 2008 Secretary of State

Entity Name: LAS CASITAS ON ARRAWANA TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13907 CARROLLWOOD VILLAGE RUN 1207 N. HIMES AVE.

TAMPA, FL 33618 SUITE 3

TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

13014 N DALE MABRY HWY 1207 N. HIMES AVE. STE 356 SUITE 3

TAMPA, FL 33618 TAMPA, FL 33607

FEI Number: 20-4594415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

MAYTS, JR., ANDREW J UNIQUE PROPERTY SERVICES, INC. 201 N ÁRMÉNIA AVE 1207 N. HIMES AVE.

TAMPA, FL 33609 SUITE 3 TAMPA, FL 33607 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: DAVID G. KRUG JR. 05/05/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

RAPPAPORT, JASON PIZZI, NICHOLAS Name: Name: 2506 S. MACDILL AVE., SUITE A Address: 4039 S. DALE MABRY HWY. Address:

TAMPA, FL 33629 TAMPA, FL 33611

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition FAIRBANKS, GARY A Name: TIERNEY, PATRICK Name:

Address: 13907 CARROLLWOOD VILLAGE RUN Address: 4320 SPINNAKER COVE LANE

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33615

Title: DST () Delete Title: (X) Change () Addition SEFAIR, DANIEL Name: ALONZO, RUSSELL Name:

13907 CARROLLWOOD VILLAGE RUN 1860 N. FORT HARRISON AVE. APT. 201 Address: Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: CLEARWATER, FL 33755

Title: () Delete Title: SD () Change (X) Addition

METCALF, CHARLES Name: Name: 5601 BAILEY RD. Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33565

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: NICHOLAS PIZZI PD 05/05/2008