2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N05000005468

Entity Name: BOWLINE VILLAS ON LAKE MINOA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3809011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: MARTIN, ROBERT
Address: 942 WINIFRED WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: VPD ( ) Delete
Name: CROWLEY, WILLIAM
Address: 5300 BOWLINE CT
City-St-Zip: OXFORD, FL 34484

Title: SD ( ) Delete
Name: CROWLEY, ERIN
Address: 5278 NE 104TH LN
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: MARTIN, ROBERT
Address: 942 WINIFRED WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: PD (X) Change ( ) Addition
Name: COON, CHEYENNE
Address: 5295 BOWLINE CT
City-St-Zip: OXFORD, FL 34484

Title: SD (X) Change ( ) Addition
Name: PAPA, PAUL
Address: 5277 BOWLINE CT
City-St-Zip: OXFORD, FL 34484

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: CHEYENNE COON PD 03/18/2009

Electronic Signature of Signing Officer or Director — Date