2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N05000006938

Entity Name: SHIRE RIDGE AT MOCCASIN GAP HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SHIRE RIDGE @ MOCCASIN GAP
8615 SHIRE RIDGE LOOP
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

C/O DONNA STRANGE
8640 SHIRE RIDGE LOOP
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-4670944 **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:

MILLS, SCOTT
8615 SHIRE RIDGE LOOP
TALLAHASSEE, FL 32309 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: PRES ( ) Delete
Name: MILLS, SCOTT
Address: 8615 SHIRE RIDGE LOOP
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete
Name: SHEPPARD, TIM
Address: 8616 SHIRE RIDGE LOOP
City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA ( ) Delete
Name: STRANGE, DONNA
Address: 8640 SHIRE RIDGE LOOP
City-St-Zip: TALLAHASSEE, FL 32309

Title: SEC ( ) Delete
Name: LOONEY, RODERICK
Address: 8615 SHIRE RIDGE LOOP
City-St-Zip: TALLAHASSEE, FL 32309

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: DONNA STRANGE TREA 05/15/2008

Electronic Signature of Signing Officer or Director — Date