2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010303

FILED Jan 16, 2008 Secretary of State

Entity Name: APIARY POINTE HOMEOWNERS ASSOCIATION, INC.

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

300 COLONIAL CENTER PARKWAY

SUITE 200

36804 QUEEN BEE LANE
GRAND ISLAND, FL 32735

LAKE MARY, FL 32756

Current Mailing Address: New Mailing Address:

300 COLONIAL CENTER PARKWAY

SUITE 200

36804 QUEEN BEE LANE
GRAND ISLAND, FL 32735

LAKE MARY, FL 32756

FEI Number: 20-5031250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLS, ERIC WHITE, JOHN

300 COLONIAL CENTER PARKWAY 36804 QUEEN BEE LANE

SUITE 200 GRAND ISLAND, FL 32735 US LAKE MARY, FL 32756 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: JOHN WHITE 01/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

Name: WILLS, ERIC Name: WHITE, JOHN
Address: 300 COLONIAL CENTER PARKWAY (SUITE 200) Address: 36804 QUEEN BEE LANE

City-St-Zip: LAKE MARY, FL 32756 City-St-Zip: GRAND ISLAND, FL 32735

Title: VP () Delete Title: VP (X) Change () Addition Name: ANDERSON, KATIE Name: TROTTA, MIKE

Address: 300 COLONIAL CENTER PARKWAY Address: 36804 QUEEN BEE LANE

City-St-Zip: LAKE MARY, FL 32756 City-St-Zip: GRAND ISLAND, FL 32735

Title: SECR () Delete Title: DIR (X) Change () Addition Name: DRIVER, BEN Name: MCCARRAHER, MAC

Address: 300 COLONIAL CENTER PARKWAY Address: 36804 QEEN BEE LANE
City-St-Zip: LAKE MARY, FL 32756 City-St-Zip: GRAND ISLAND, FL 32735

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

 Name:
 Name:
 TROTTA, ANGELA

 Address:
 36804 QUEEN BEE LANE

 City-St-Zip:
 City-St-Zip:
 GRAND ISLAND, FL 32735

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: ANGELA TROTTA TREA 01/16/2008