2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N06000002119 05-30-2008 90212 005 ****61.25 TRAPNELL RIDGE COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 600 NORTH WESTSHORE BLVD SUITE 400 206 EASTON DR. TAMPA, FL 33609 SUITE 107 LAKELAND, FL 33803 3. Mailing Address POBOX 781291 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc Suite, Apt. #, etc. 04102008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 02-0786968 orlando Not Applicable Country US Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Community Resource Maint CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 206 EASTON DR., SUITE 107 LAKELAND, FL 33803 E. Central Blvd. criando 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 -(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete TIT) F TITLE Mahdi Hansaur CACHON, MICHAEL ** NAME NAME 600 NORTH WESTSHORE BLVD SUITE 400 STREET ADDRESS STREET ADDRESS Po Box 781291, orlando, Fl. 32878 TAMPA, FL 33609 71 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE DVP Change EICHHOLT, DUSTY Mike Southward NAME NAME 600 NORTH WESTSHORE BLVD SUITE 400 STREET ADDRESS STREET ADDRESS PO 00x 781291, orlando, Fl. 32878 TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP DST Delete TITLE MIDDLETON, HEATHER NAME NAME Marston Veuca 600 NORTH WESTSHORE BLVD SUITE 400 STREET ADDRESS STREET ADDRESS PO Box 781291 orlando, Fl. 32878 CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 propowered.

STREET ADDRESS CITY-ST-7IP

TITLE NAME

Delete

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Change

☐ Addition

FILED

May 30, 2008 8:00 am