2007 NOT-FOR-PROFIT CORPORATION

Jan 11, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N06000007407 01-11-2007 90061 038 ****70.00 THE HIGHLANDS AT OAK HILL PROPERTY OWNERS' ASSOCIATION, INC. 40001937 Principal Place of Business Mailing Address 2147 PORTER LAKE DR STE B 2147 PORTER LAKE DR STE B SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20-5524314 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCUTT, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 2147 PORTER LAKE DR STE B SARASOTA, FL 34240 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check pavable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. □ Defete TITLE TITLE ☐ Change ☐ Addition BRUNDAGE, KEVIN E NAME NAME STREET ADDRESS 2147 PORTER LAKE DR STE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34240 TITLE ☐ Delete TITLE [Change Addition SCUTT, WILLIAM F NAME NAME STREET ADDRESS 2147 PORTER LAKE DR STE B STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA, FL 34240 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROSENBERG, RICHARD H NAME STREET ADDRESS 2147 PORTER LAKE DR STE B STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby 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 bither like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Richmo H. ROSENberg 1/9/07

FILED