2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001323

FILED May 14, 2008 Secretary of State

Entity Name: FIVE POINTS NEIGHBORHOOD ASSOCIATION, INC.

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

 100 CENTRAL AVE UNIT 406
 1900 MAIN ST SUITE 301

 SARASOTA, FL 34236
 SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

100 CENTRAL AVE UNIT 406 PO BOX 2795

SARASOTA, FL 34236 SARASOTA, FL 34236

FEI Number: 20-8032769 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: Name and Address of New Registered Agent:

SOUZA, ELSIE

100 CENTRAL AVE UNIT 406

SARASOTA, FL 34236 US

SARASOTA, FL 34236 US

SARASOTA, FL 34236 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: JOE B SANDERS 05/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SOUZA, ELSIE
 Name:
 JOFFE, ROXANNE

 Address:
 100 CENTRAL AVE UNIT 406
 Address:
 1900 MAIN ST SUITE 301

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

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

Name: JOFFE, ROXANNE Name: FRANK, ANDREA

 Address:
 255C ENCORE WAY
 Address:
 100 CENTRAL AVENUE #516

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

Title: ST () Delete Title: () Change () Addition

 Name:
 MCCOLLOUGH, RON
 Name:

 Address:
 50 CENTRAL AVE UNIT 1207
 Address:

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:

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

Name: SANDERS, JOE B

Address: Address: 50 CENTRAL AVENUE, FIRST FLOOR

City-St-Zip: City-St-Zip: SARASOTA, FL 34236

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: JOE B SANDERS TR 05/14/2008