2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# N07000006909

Entity Name: TOWNHOMES AT TRAFFORD ISLE COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

10481 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33966

New Principal Place of Business:

10481 BEN C. PRATT/6 MILE CYPRESS PKWY
FORT MYERS, FL 33966

Current Mailing Address:

10481 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33966

New Mailing Address:

10481 BEN C. PRATT/6 MILE CYPRESS PKWY
FORT MYERS, FL 33966

FEI Number: 26-0550212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 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: D/P ( ) Delete
Name: BURDETT, ANTHONY
Address: 10481 SIX MILE CYPRESS PKWY.
City-St-Zip: FORT MYERS, FL 33966

Title: VP ( ) Delete
Name: DEBITETTO, JOHN
Address: 10481 SIX MILE CYPRESS PARKWAY
City-St-Zip: FORT MYERS, FL 33966

Title: DST ( ) Delete
Name: BILLIUPS, JOHN
Address: 10481 SIX MILE CYPRESS PARKWAY
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: BURDETT, ANTHONY J
Address: 10481 BEN C. PRATT/6 MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: VP (X) Change ( ) Addition
Name: MCMURRAY, DARIN
Address: 10481 BEN C. PRATT/6 MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: DST (X) Change ( ) Addition
Name: BILLIUPS, JOHN
Address: 10481 BEN C. PRATT/6 MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

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: ANTHONY J. BURDETT PD 07/21/2008

Electronic Signature of Signing Officer or Director — Date