2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000007339

₹I FILED May 23, 2008 Secretary of State

Entity Name: PAR 4 CONDOMINIUMS HOMEOWNER'S ASSOCIATION, INC.

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

8154 COUNTRY BAY BLVD 4004 CHIPPEWA CT NAVARRE, FL 32566 ST CLOUD, FL 34772

Current Mailing Address: New Mailing Address:

8154 COUNTRY BAY BLVD 4004 CHIPPEWA CT NAVARRE, FL 32566 ST CLOUD, FL 34772

FEI Number: 26-1874598 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:

EVANS, MONICA M ESQ
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 US

DALKE, MICHAEL G
4004 CHIPPEWA CT
ST CLOUD, FL 34772 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: MICHAEL DALKE 05/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: DPT () Delete Title: DPT (X) Change () Addition

 Name:
 RHODES, MERLE
 Name:
 DALKE, MICHAEL G

 Address:
 8154 COUNTRY BAY BLVD
 Address:
 4004 CHIPPEWA CT

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 ST CLOUD, FL 34772

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

 Name:
 RHODES, PETRA
 Name:
 DALKE, JULAINE R

 Address:
 8154 COUNTRY BAY BLVD
 Address:
 4004 CHIPPEWA CT

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 ST CLOUD, FL 34772

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:RHODES, JENNIFERName:DALKE, JUSTINE MAddress:134 NOBLAT DRAddress:2925 PAR LANE UNIT ACity-St-Zip:MARY ESTHER, FL 32569City-St-Zip:TALLAHASSEE, FL 32308

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: MICHAEL DALKE P 05/23/2008