2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 8:00 am Secretary of State 03-14-2008 90028 025 ****61.25

DOCUMENT # N07706



1. Entity Nam THE EST ASSOCIA	ATES AT	T SPRINGS LAND NC.	DING HO	OMEOWNERS								
165 W SR 434 PO I			iling Address D BOX 197043 NTER SPRINGS, FL 32719 US			quus.		I BUK BURN BABN BA	lii Gigii Ribii Bib			
2. Principal Place of Business - No P.O. Box # 3. Ma			ailing Address									
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			01042008	Chg-NP	CR2E03	37 (12/06)			
City & State			С	City & State			4. FEI Numbe 59-2920	5523			oplied For ot Applicable	
Zip	Zip Country		Z	Zip Co		5. Certificate of Status Desired				S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of Nev	v Registered	Agent		
PAI MERS	STONLLC				Name							
PALMERSTON LLC 165 W SR 434 WINTER SPRINGS, FL 32708					Street A	Street Address (P.O. Box Number is Not Acceptable)						
					City	City FL Zip Code						
	tions of regist	y submits this statement tered agent.	for the pur	pose of changing its	registered affice o	r registered	d agent, or both	n, in the State of	Fłorida, I am	lamilar with,	and accept	
SIGNATURE		or printed name of registered age	ent and title if ac	oplicable. (NOTE	: Registered Agent signat	ture required w	hen reinstating)		DATE			
SIGNATURE	Signature, typed	or printed name of registered age e is \$61.25 Aay 1, 2008	and title if ex	<u> </u>	paign Financing		hen reinstating) 55.00 May Boudded to Fees	F	DATE Make checi lorida Depar			
10.	Filing Fe	e is \$61.25		9. Election Cam Trust Fund C	npaign Financing ontribution.	□ Å	55.00 May Be added to Fees	F WGES TO OFFI	Make checi lorida Depar	c payable tement of S	l 10	
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12. I hereby certify that the information supplied with this illing does not qualfy 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 accorded 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 for trustee appeared to seecule 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 attaciment with an addless, with all the information.

SIGNATURE: