2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08234

FILED Apr 29, 2009 Secretary of State

Entity Name: PICKETT DOWNS UNITS II & III HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2842 PICKETT DOWNS DRIVE 2412 HIBBARD TRAIL CHULUOTA, FL 32766 CHULUOTA, FL 32766 **Current Mailing Address: New Mailing Address:** 2842 PICKETT DOWNS DRIVE 2412 HIBBARD TRAIL CHULUOTA, FL 32766 CHULUOTA, FL 32766 FEI Number: 59-2929550 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: EDWARDS, LAWYN C TREAS ABDURRASHID, BILAL PRES 2842 PICKETT DOWNS DRIVE 2412 HIBBARD TRAIL CHULUOTA, FL 32766 CHULUOTA, FL 32766 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: BILAL ABDURRASHID 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ABDURRASHID, BILAL PRES Name: Name: 2412 HIBBARD TRL Address: Address: City-St-Zip: OVIEDO, FL 32766 City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete EVANS, JAY VP Name: WALLS, JESSIE VP Name: Address: 2535 HIBBARD TRL Address: 2699 PICKETT DOWNS DRIVE City-St-Zip: OVIEDO, FL 32766 City-St-Zip: CHULUOTA, FL 32766 Title: () Delete Title: () Change () Addition FERRELL, RICHARD ACC Name: Name: Address: 1789 WARNER DRIVE Address: City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition EDWARDS, LAWYN C TREAS Name: Name: KING, MARK TREAS 1977 SABOFF WAY Address: 2842 DICKETT DOWNS DR Address: City-St-Zip: OVIEDO, FL 32766 City-St-Zip: CHULUOTA, FL 32766 Title: () Delete Title: (X) Change () Addition HARMEL, MARIA SECY CONSTANTINO, CAROLYN SECY Name: Name: 1907 WARNER DR 2908 PICKETT DOWNS DRIVE Address: Address: City-St-Zip: OVIEDO, FL 32766 City-St-Zip: CHULUOTA, FL 32766

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: BILAL ABDURRASHID PD 04/29/2009