## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT FILED Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # N10013 1. Entity Name AKE POINSETT HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 5600 ANGLER DR. 5600 ANGLER DR. COCOA, FL 32926 US US COCOA, FL 32926 04102008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0821197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOFFMAN, CYNTHIA DO NOT WRITE 5600 ANGLER DR. COCOA, FL 32926 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed o (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. THRIFT, RICK STREET ADDRESS 5620 ANGLER DR CITY-ST-ZIP COCOA, FL 32926 TITLE VD NAME BALLEW, SALLY STREET ADDRESS 1835 SOUTH ATLANTIC AVE #704 CITY-ST-ZIP COCOA BEACH, FL 32926 STD TITLE NAME HOFFMAN, CYNTHIA STREET ADDRESS 5600 ANGLER DR. DO NOT WRITE CITY-ST-ZIP COCOA, FL 32926 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filing does not qualify 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 accurate 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 or trustee empowered to execute 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 attachment with an address, with all other fike empowered.

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SUSHING OFFICER OR DIRECTO

4/08/08

Daytime Phone #