2007 NOT-FOR-PROFIT CORPORATION

Mar 12, 2007 8:00 am Secretary of State ANNUAL REPORT 03-12-2007 90076 030 ****61.25 **DOCUMENT # N10056** 1. Entity Name SKYE LOCH VILLAS OWNERS' ASSOCIATION, INC. quuseum-Principal Place of Business Mailing Address 729 SKYLOCH DR S. C/O CMC, INC. DUNEDIN, FL 34698 4175 EASTBAY DRIVE, SUITE 205 CLEARWATER, FL 33764 US 3. Mailing Address Olo Citadel Mant Inc Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) 40347 US19 N, Stc 229 City & State City & State Applied For 4. FEI Number 59-1876264 FLORIDA Not Applicable ^{Zip} 34689 Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILDEBRANDT, HAL Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N, Sk. 224 C/O CMC, INC 4175 EAST BAY DRIVE STE 205 CLEARWATER, FL 33764 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 . (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Addition ELLINGWOOD, JOHN BISHEL, JOHN NAME NAME 108 SKYLOCH DR E 162 SKyloch Or W STREET ADORESS Denedin Fr 34698 DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition ☐ Change CHILDERS, BRENDA 222 SKY/och Dr W BONNER, WILLIAM S NAME NAME 1495 SKYLOCK DRIVE WEST STREET ADDRESS STREET ADDRESS Dunedin FL 34698 CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MCARTOR, JIM NAME NAME 844 SKYLARK DRIVE SOUTH STREET ADDRESS STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition CHAPMAN, ORA NAME MAME 856 SKTLOCK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HENKEL, BILLIE NAME NAME STREET ADDRESS 156 PORTREZ STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition Dunn, PAUL 841 Skyloch Dr S DUMN, PAUL NAME NAME

12. 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 like empowered.

CITY-ST-ZIP

STREET ADDRESS

Dunedin, FL 34198

SIGNATURE:

841 SKYLOCK DR. SOUTH

DUNEDIN, FL 34698

STREET ADDRESS

CITY-ST-ZIP

WILLIAM S. BONNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED