2005 NOT-FOR-PROFIT CORPORATION

Feb 14, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N11130** 02-14-2005 90052 018 ****61.25 1. Entity Name COUNTRY WALK OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 291654 P 0 BOX 291654 PORT ORANGE, FL 32129-1654 PORT ORANGE, FL 32129-1654 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2619334 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -BENGE, JACK Street Address (P.O. Box Number is Not Acceptable) 3461 MARTINGALE CT PORT ORANGE, FL 32129 Walk Country 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 \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TD TITLE ☐ Delete TITLE Change ■ Addition CARTY, KATHRYN A NAME NAME STREET ADDRESS 3453 FOX HUNT COURT STREET ADDRESS CITY-ST-7IP PORT ORANGE, FL 32129 CITY-ST-ZIP TITLE Delete TITLE Change Addition ODER, PAM NAME NAME STREET ADDRESS 3450 SADDLEBACK COURT STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32129 CITY-ST-ZIP Orange 32129 TITLE Delete TITLE Change **Addition** Director WHELAHAN, DIANE NAME NAME -3454 MARTINGALE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP ΡD ☐ Addition MUE ☐ Delete TITLE Change YAKLIN, PAUL NAME NAME 6487 COUNTRY WALK DR. STREET ADDRESS STREET ADDRESS PORT ORANGE, FL 32129 CITY-ST-ZIP CITY-ST-ZIP Director Addition TITLE Delete TITLE Channe Dehme, NAME BENGE, JACK NAME STREET ADDRESS 3461 MARTINGALE CT STREET ADDRESS PORT ORANGE, FL 32119 CITY-ST-ZIP CITY-ST-7IP 32129 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition KALLE, JAMES NAME NAME STREET ADDRESS 3459 COUNTRY WALK DR. STREET ADDRESS PORT ORANGE, FL 32129 CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED