2007 NOT-FOR-PROFIT CORPORATION

Aug 31, 2007 8:00 am Secretary of State **ANNUAL REPORT** 08-31-2007 90002 028 ****61.25 **DOCUMENT # N11446** COLÓNY DON PEDRO PHASES IV & V PROPERTY OWNERS' ASSOCIATION, INC. daraa Principal Place of Business Mailing Address 7025 PLACIDA ROAD 7025-A PLACIDA RD ENGLEWOOD, FL 34224 ATTN: ANNE MERRY ENGLEWOOD, FL 34224 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05242007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2678367 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 MERRY, ANNE 7025 PLACIDA ROAD ENGLEWOOD, FL 34224 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 SIGNATURE VA typed or printed name of registered agent and title if applicable (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. Due by September 14, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. RICK Cannon-VPD 3 103 Grasslands Dr TITLE VPD TITLE **Delete** ☐ Change **Addition** KANE, MICHAEL NAME P.O. BOX 3398 STREET ADDRESS STREET ADDRESS Lakeland, FL 3303 PLACIDA, FL 33946 CITY-ST-ZIP CITY-ST-7IP Ken Nicoll-Director Change TITLE ☐ Delete TITLE ROSS, JAMES A PO BOX 772 953 CHINOF ROAD STREET ADORESS STREET ADVORESS Aucida Fl 33946 CITY-ST-ZIP LEXINGTON, KY 40502 CITY-ST-ZIP Mark Rubio - Director Change 5461 S. Dale Mabry ☐ Delete Addition HAWKINS, TED NAME NAME STREET ADDRESS 9006 CRESTMOOR DR STREET ADDRESS 10mpa, FL 3361 CITY-ST-7IP SAINT LOUIS, MO 63126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BOWMAN, ROBERT NAME NAME STREET ADDRESS 7485 MARGARET AVE STREET ADORESS WEST OLIVE, MI 49460 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT1 F ☐ Addition TURNER, SARAH NAME STREET ADDRESS 7473 30TH ST, SE STREET ADDRESS ADA, MI 49301 CITY-ST-ZIP CITY-ST-7IP TITLE SD ☐ Change ☐ Addition Delete TITLE WILSON, SUNDAYE P NAME 2303 GATE ROYAL DR STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DES PRES, MO 63131

edw Hamler ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED W. HAWKINS

CITY-ST-ZIP

FILED