2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14176

FILED May 03, 2008 Secretary of State

Entity Name: MCRAE LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3300 WILDERNESS CIR

MIDDLEBURG, FL 32068 US

Current Mailing Address: New Mailing Address:

3300 WILDERNESS CIR MIDDLEBURG, FL 32068

FEI Number: FEI Number Applied For () FEI Number N

US

FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAU, BRENDA RAU, BRENDA

3300 WILDERNESS CIR
MIDDLERUPG, FL. 23069 LIS MIDDLERUPG, FL. 23069

MIDDLEBURG, FL 33068 US MIDDLEBURG, FL 32068 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: BRENDA S. RAU 05/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DT () Delete Title: DT (X) Change () Addition

 Name:
 RAU, BRENDA
 Name:
 RAU, BRENDA S

 Address:
 3300 WILDERNESS CIR
 Address:
 3300 WILDERNESS CIR

 City-St-Zip:
 MIDDLEBURG, FL
 City-St-Zip:
 MIDDLEBURG, FL
 32068 US

Title: DS () Delete Title: () Change () Addition

 Name:
 SCHARPF, LINDA
 Name:

 Address:
 3293 WILDERNESS CIRCLE
 Address:

 City-St-Zip:
 MIDDLEBURG, FL 32068
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

Name:MCNEIL, RONALD JRName:SCARDIGNO, JONNIEAddress:3282 WILDERNESS CIRCLEAddress:3281 WILDERNESS CIRCLECity-St-Zip:MIDDLEBURG, FL 32068City-St-Zip:MIDDLEBURG, FL 32068

Title: DP () Delete Title: () Change () Addition

 Name:
 JIMINEZ, AUDREY
 Name:

 Address:
 3384 WILDERNESS CIRCLE
 Address:

 City-St-Zip:
 MIDDLEBURG, FL 32068
 City-St-Zip:

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: BRENDA S. RAU DT 05/03/2008