2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 09, 2008 08:00 Al Secretary of State **DOCUMENT # N17283** COOK'S CORNER HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 649 HOPKINS LANDING RD. 3080,3094,3108 COOKS LANDING RD. QUINCY, FL 32351 US QUINCY, FL 32351-0469 US 03272008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3375732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUBREE, ROLAND E DO NOT WRITE 649 HOPKINS LANDING ROAD QUINCY, FL 32351-0469 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 04/22/08-80034-017 61.25 TITLE NAME LEMOND, ROBERT STREET ADDRESS 12219 LAKEVIEW MANOR DR. CITY-ST-ZP NORTHPORT, AL 35475 TITLE NAME SCHOTT, MELVIN STREET ADDRESS 3108 COOKS LANDING RD #2 CITY-ST-ZIP QUINCY, FL 323519551 TD NAME DUBREE, ROLAND E STREET ADORESS 649 HOPKINS LANDING ROAD DO NOT WRITE CITY-ST-ZIP QUINCY, FL 323510469 IN THIS SPACE TITLE NAME BALDWIN, AMY STREET ADDRESS 3094 COOKS LANDING RD #6 CITY-ST-ZIP QUINCY, FL 32351 TITLE NAME DUBREE, JEFF STREET ADDRESS 3108 COOKS LANDING RD. #3 CITY-57-7/P **QUINCY, FL 32351** TITLE

12. Thereby 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.

NAME STREET ADDRESS CITY-ST-ZIP

850-875-3330

Daysme Phone #

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