2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2008 8:00 am Secretary of State

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1. Entity Name SWEETBAY VILLAGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40103195 12600 N.W. HARBOUR RIDGE BLVD 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E037 (12/06) Chg-NP Applied For City & State 4. FEI Number 59-2845504 City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORNETT, JANE Street Address (P.O. Box Number is Not Acceptable) CORNETT, GOOGE & ASSOCOIATES, PA 401 E. OSCEOLA ST, FIRST FLOOR STUART, FL 34994 City Zip Code FL 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 Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. DST Change ■ Addition ☐ Delete TITLE DS TITLE NAME SPRAGUE, AUDREY NAME STREET ADDRESS STREET ADDRESS 1619 SWEETBAY CIRCLE PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP DP ☐ Delete □ Change Addition TITLE WIJNANDS, MICHAEL A NAME NAME STREET ADDRESS 1549 SWEETBAY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL 34990 Change Addition Delete TITLE TITLE NAME BORELLIS, LEE NAME STREET ADDRESS STREET ADDRESS 1650 SWEETBAY CIR CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL 34990 Donald Wilson

1599 Sweetbay Cir.

Palm City, FL 34990 X Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE Douglas Moxham 1537 Sweetbay C. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

Daytime Phone (