2007 NOT-FOR-PROFIT CORPORATION \mathbf{FILED} ANNUAL REPORT (AR) Apr 03, 2007 8:00 am Secretary of State DOCUMENT # N23058 1. Entity Namo 04-03-2007 90018 040 ****70.00 COLLINS ESTATES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 14444 KANDI CT LARGO FL 33774 P O BOX 502 INDIAN ROCKS BCH FL 33785 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FELNumber 59-2874061 Zip Country Zip 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 Name WOLFE, PHILIP Street Address (P.O. Box Number is Not Acceptable) 14444 KANDI CT LARGO FL 33774 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing

\$5.00 May Be

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FILE NOW: FEE IS \$61.25

CITY-ST-7IP

Applied For

Make Check Payable to

Not Applicable

Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 шк PD Delete 🔀 THEF PD **Addition** Change Mortenson, Jim 10890 ChristopherCt. NAME. MORRISON, DANIEL NAME STREET ADDRESS STREET ADDRESS 14220 SUNSHINE COURT CITY-ST-ZIP LARGO FL 33774 CITY-ST-7IP Largo, FL THE SD Defete шп SD Change Addition Corwin, Susan 14225 Mark Dr. HUBERT, WILLIAM NAME STREET ADDRESS STRUET ADDRESS 14045 JOEL COURT CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 Largo, FL. 33714 Delete Tille ☐ Change TD ▼ Addition Buns. Jack 14151 Jennifer Terrace NAM WOLFE, PHILIP STREET ADDRESS STREET ADDRESS 14444 KANDI CT CITY-ST-ZIP CITY-ST-7IP Largo, FL 33774 LARGO FL 33774 ☐ Defete THEE. Change **Addition** Thomason, Paul NAME O'MALLEY, JAMES 10826 Christopher Ct. STREET ADDRESS STREET ADDRESS 14001 JOEL COURT CITY-ST-ZIP CHY-ST ZIP Largo FL 33714 LARGO FL 33774 Delete HILE ☐ Change Addition Tomlinson, Dave NAME MALES, LOU NAMI 142 84 Mark Dr. STREET ADDRESS STREET ADDRESS 14425 MARK DR Largo, FL 33714 CITY-ST-ZIP CHTY-ST-ZIP LARGO FL 33774 ☐ Defete mu □ Change Addition Saldanha, Irwin NAME NAME. STREET ADDRESS STREET ADDRESS

Largo, FL. 33774 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: Philip Wolfe

2007 NOT-FOR-PROFIT CORPORATION

	ANNUAL F	REPO	ORT (AR)			- A 5250	30 A 440			
DOCUMENT # N23058 1. Entity Name						1	'ACHMEN			
COLLINS ESTATES HOMEOWNERS' ASSOCIATION, INC.						Conti	nuatio	n		
Principal Place of Business Mail			illing Address			1	LODHC	126	1	
LARGO FL 33774			O BOX 502 NDIAN ROCKS BCH FL 33785 S			1	2071	10-0	1	
Principal Place of Business - No P.O. Box # 3. No P.O. Box #		3. Ma	Mailing Address							Allerent C
Suite, Apt. #, etc.		S	Suito, Apt. #, etc.			1st MOORE CR2E037 (10/06)				
City & State		C	City & State			TO 007:00:		-	plied For Applicable	
Zip	Country	Z	qi	Country		5. Certificate of S		\$8.75 Fee Re	5 Add	iitional
	6. Name and Address of Current	Register	ed Agent			7. Name and Add	iress of New Regist	tered Agent		
WOLEE BUILD					Name					
WOLFE, PHILIP 14444 KANDI CT LARGO FL 33774				Street A	et Address (P.O. Box Number is Not Acceptable)					
			•			•				
				City		_		FL Zip	Code	9
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.										and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State				
10.	OFFICERS AND DI	RECTORS		11,		DDITIONS/CHANG		ND DIRECTO	RS IN	10
THILE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, DANIEL 14220 SUNSHINE COURT LARGO FL 33774		🔊 Delete	TITLE NAME Street address City+St-Zip	108	iner, Dau 58 Christ 190, FL	opher Ct.	☐ Cha	inge	Addition
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TITLE	TD		☐ Delete	TITLE				☐ Cha	nge	Addition
name Street address :	WOLFE, PHILIP 14444 KANDI CT			NAME STREET ADDRESS			•	•		
CHY-ST-ZIP	LARGO FL 33774			CITY-ST-ZIP						
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12. I hereby o	ertify that the information supplied with	h this litine	does not qualify for	the exemptions	contained	in Section 119 Flor	ida Statutos I furthe	ar cortify that	the in	formation

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CICALATIEDE.

Philip Molfe.