2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ORLANDO, FL 32825

ROBERTS, SAMUEL

748 MELLOWOOD AVE

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ORLANDO, FL 32825

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Apr 12, 2007 8:00 am Secretary of State **DOCUMENT # N23464** 04-12-2007 90033 023 ****61.25 1. Entity Name PINE MEADOWS OF CENTRAL FLORIDA HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40058054 753 MELLOWOOD AVE. 753 MELLOWOOD AVE. ORLANDO, FL 32825 US ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zlp 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 MITCHELL, KATHY 753 MELLOWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32825 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ■ Addition TITLE ☐ Delete TITLE ☐ Change MITCHELL, KATHY NAME NAME STREET ADDRESS 753 MELLOWOOD AVE. STREET ADDRESS ORLANDO, FL 32825 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE CONNETT, SCOTT NAME NAME 826 MELLOWOOD AVE. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-ZIP CC Addition TITLE TITLE ☐ Change ☐ Detete CAROL HAWKINS FRANCES, LORELEI NAME NAME 867 MELLOWOOD AVE 809 PINE MEADOWS RD STREET ADDRESS STREET ADDRESS

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CITY-ST-ZIP CITY-ST-ZIP 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 receiverfor 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 biller like empowered.

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407-241-16716 ×306 SIGNATURE