2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N23636

Entity Name: EPPING FOREST COMMUNITY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-2808222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNING MANAGEMENT, INC.
6015 MORROW ST. E. #107
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRANZBLAU, NATHAN
Address: 6730 EPPING FOREST WAY N.
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD ( ) Delete
Name: BROWDY, RICHARD
Address: 1909 EPPING FOREST WAY SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD ( ) Delete
Name: DURDEN, WM
Address: 1908 EPPING FOREST WAY S.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: BAKER, GAIL
Address: 6775 LINFORD LANE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NATHAN FRANZBLAU PD 04/17/2006

Electronic Signature of Signing Officer or Director — Date