2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23636

FILED Apr 29, 2008 Secretary of State

Entity Name: EPPING FOREST COMMUNITY MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6015 MORROW ST E STE 107

JACKSONVILLE, FL 32217

New Mailing Address: Current Mailing Address:

6015 MORROW ST E STE 107

JACKSONVILLE, FL 32217 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BANNING MANAGEMENT, INC. 6015 MORROW ST. E. #107

6015 MORROW ST. E. JACKSONVILLE, FL 32217

JACKSONVILLE, FL 32217 US

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: BANNING MANAGEMENT 04/29/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BANNING MANAGEMENT, INC.

() Delete () Change () Addition

FRANZBLAU, NATHAN Name: Name: 6730 EPPING FOREST WAY N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip:

Title: SD () Delete Title: (X) Change () Addition

Name: BROWDY, RICHARD Name: DEMETREE, JAY

Address: 1909 EPPING FOREST WAY SOUTH Address: 6671 EPPING FOREST WAY N City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete Title: (X) Change () Addition

COFFEE, ROBERT COFFEE, ROBERT Name: Name: 6828 LINFORD LANE 6828 LINFORD LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify 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 04/29/2008