2004 NOT-FOR-PROFIT CORPORATION

Apr 22, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N28058** 04-22-2004 90041 048 ****70.00 GEORGETOWN AT WILLOWBEND HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O STEVE M CAHOON C/O STEVE M CAHOON 2524 GEORGETOWN LANE 2524 GEORGETOWN LN FT. WALTON BEACH, FL 32547 FT WALTON BCH, FL 32547 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-3298843 City & State Applied For Not Applicable Zip Zip Country 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 CAHOON, STEVE M 2524 GEORGETOWN LN Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH, FL 32547 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition CAHOON, STEVE M NAME NAME STREET ADDRESS 2524 GEROGETOWN LANE STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL 32547 CITY-ST-ZIE STD TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME DYER, RUSSELL NAME STREET ADDRESS 2518 GEORGETOWN LANE STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL CITY-ST-ZIP TITLE Delete VD ☐ Change TITLE Addition PARFITT, RAY NAME NAME CAHOON, DGBRA 2524 CIGORGETOWN LAPS 2508 GEORGETOWN LANE STREET ADDRESS STREET ADDRESS FT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVEN CAHOON

FILED