2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2010
Secretary of State

DOCUMENT# N29349

Entity Name: NATURE'S EDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7079 TAMARIND DR
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

7079 TAMARIND DR
LAKE WALES, FL 33898 US

New Mailing Address:

FEI Number: 59-2920829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANLON, MICHAEL
4185 ORCHID BLVD
LAKE WALES, FL 338989610 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
Name: HANLON, MICHAEL
Address: 4185 ORCHID BLVD
City-St-Zip: LAKE WALES, FL 33898

Title: VSD
Name: WATSON, RICHARD
Address: 4173 ORCHID BLVD
City-St-Zip: LAKE WALES, FL 33898

Title: D
Name: TENNITY, FRANCIS
Address: 4241 CAMELIA ST
City-St-Zip: LAKE WALES, FL 33898

Title: D
Name: LEVY, WILLIAM
Address: 7169 ALAMANDA BLVD W
City-St-Zip: LAKE WALES, FL 33898

Title: D
Name: FELBER, LOIS
Address: 4058 LUPINE PASS
City-St-Zip: LAKE WALES, FL 33898

Title: T
Name: BEHRENS, JUDITH
Address: 7040 TAMARIND DR
City-St-Zip: LAKE WALES, FL 33898

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL HANLON PRES 05/29/2010

Electronic Signature of Signing Officer or Director — Date