2007 NOT-FAR-PROFIT CORPORATION ANIMIAL REPORT (AR)

Sep 07, 2007 8:00 am Secretary of State DOCUMENT # N31308-1. Entity Name SECLUDED WOODS HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business P.O. BOX 330904 P.O. BOX 330904 ATLANTIC BEACH FL 32233 US ATLANTIC BEACH FL 32233 3. Mailing Address . 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) 4. FEI Number Applied For City & State City & State 59-2777828 Not Applicable Zip 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 Name KIRKLAND, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1912 SECLUDED WOODS LANE NEPTUNE BEACH FL 32266 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ARB Addition Change THEF PD ☐ Delete 11111 Jerry Delacto Loops NAME PROBST, BUD NAME STREET ADDRESS STREET ADDRESS 1312 JENKS COURT CITY - ST-7IP City-SI-7IP NEPTUNE BEACH FL 32266 TIFLE Change Addition Delete TITLE NAMI LOVINGFOSS, GARY NAME STREET ADDRESS STREET ADDRESS 1320 GLICKSTEIN COURT CHY-SI-ZIP CITY-ST-7IP NEPTUNE BEACH FL 32266 TITLE ☐ Delete Change ☐ Addition NAMI STRONG, KELLEY STREET ADDRESS STREET ADDRESS 2031 MARYE BRANT LOOP S. CITY - S1 - 7IP CITY-ST-7IP NEPTUNE BEACH FL 32266 ☐ Addition ☐ Delete HIH ☐ Change NAMI NAME KIRKLAND, BARBARA STREET ADDRESS STREET ADDRESS 1912 SECLUDED WOODS LANE CITY-ST-7IP CITY-ST-7IP NEPTUNE BEACH FL 32266 ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-ST-ZIP TITLE ☐ Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 with an address, with all other like empowered.

CITY-S1-7IP

SIGNATURE:

CHY-S1-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

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