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Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90043 023 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36540

1. Entity Name
LAKE CATHERINE PROPERTY OWNERS ASSOCIATION, INC.

40011304

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP SUITE 200 2074W INDIANTOWN RD JUPITER, FL 33458 US	C/O PRIME MANAGEMENT GROUP SUITE 200 2074W INDIANTOWN RD JUPITER, FL 33458 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0174023 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAGUE, JOHN PRIME MANAGEMENT GROUP 2074 W. INDIANTOWN SR-SUITE 200 JUPITER, FL 33458	Name: GARY FIELDS, ESQ. Street Address (P.O. Box Number is Not Acceptable): ADMIRALTY TOWER - Suite 900 4400 PGA BLVD. City: PALM BEACH GARDENS FL Zip Code: 33410

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] (GARY FIELDS) 1/22/08
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 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ T GOODSON, SHIRLEY 2702 LAKEMONT CT. PALM BEACH GARDENS, FL 33403 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDA MORGAN 2005 BEDFORD DR. PALM BEACH GARDENS, FL 33403 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ S CASTIGLIA, WILMA 1703 APPLETON CT PALM BEACH GARDENS, FL 33403 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAWSON, WAYNE 1093 BEDFORD AVE PALM BEACH GARDENS, FL 33403 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. I hereby certify that the information [illegible] with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify [illegible] 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 [illegible] of the corporation or the receiver [illegible] empowered to execute this report as required by Chapter 17, Florida Statutes, and that my name is [illegible] or on an attachment [illegible] with all other like empowered.

SIGNATURE: [signature] 1-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date