2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2005 8:00 am **Secretary of State** DOCUMENT # N36695 1. Entity Name 02-14-2005 90053 049 ****61.25 LAKE PIPPIN PROPERTY OWNERS' ASSOCIATION, Principal Place of Business Mailing Address 811 PIPPIN DR NICEVILLE FL 32578 811 PIPPIN DR GUUTOUDA NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3004043 Not Applicable 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 PARTANI, MYRNA L Street Address (P.O. Box Number is Not Acceptable) 811 PIPPIN DR NICEVILLE FL 32578 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be ∴ Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE DZ Change ☐ Addition Delete OLKERMAN, DON ANDERSON, CHERIE NAME NAME 1012 OHOCTAWATCHEE 1009 LAKE DR. STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 NIGEVILLE BY 35508 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete OCKERMAN, DON MCGINNIS, ALLEN NAME NAME 1022 CHOCTAWAHATCHEE DR. INPW CHOCTAWATCHER NIEBVILLE, FL J1578 STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PARTANI, MYRNA L NAME MYENA L. PARSANI NAME 811 PIPPIN DR SII PIPT'N DR STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FA TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP

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12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

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