2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 28, 2007 DOCUMENT# N38533 Secretary of State

Entity Name: ARAGON ACRES PROPERTY OWNERS ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

4511N HWY 17

DELEON SPRINGS, FL 32130

Current Mailing Address: New Mailing Address:

P O BOX 578 DELAND, FL 32721

FEI Number: 59-3362667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NORDMAN, MICHAEL P 112 N FLORIDA AVE DELAND, FL 32720

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BENNETT, DENNIS ACOR, ROBERT Name: Name: Address: 5265 MYAKKA RD Address: 5220 MYAKKA RD

City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: () Delete Title: (X) Change () Addition

RICHARDS, MARK Name: REGAN, OWEN Name: Address: 5245 MYAKKA RD Address: 5255 MYAKKA RD

City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: () Delete Title: (X) Change () Addition MARTINEZ, THERESA REGAN, OWEN Name: Name:

Address: 5240 MYAKKA RD Address: 5245 MYAKKA RD

City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: DELEON SPRINGS, FL 32130 US

() Delete Title: Title: () Change (X) Addition

Name: Name: BENNETT, MELINDA 5265 MYAKKA ROAD Address: Address:

City-St-Zip: City-St-Zip: DELEON SPRINGS, FL 32120 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELINDA BENNETT S 08/28/2007