2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 07, 2008 8:00 am Secretary of State DOCUMENT # N40309 1. Entity Name 05-07-2008 90111 035 ****61.25 HIDDEN OAKS OF PONTE VEDRA ASSOCIATION, INC. Principal Place of Business Mailing Address 200 EXECUTIVE WAY, SUITE 111 PONTE VEDRA BEACH FL 32082 US 200 EXECUTIVE WAY, SUITE 111 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3171016 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 EWING, JOHN T Street Address (P.O. Box Number is Not Acceptable) 200 EXECUTIVE WAY, SUITE 111 PONTE VEDRA FL 32082 City 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 Fiorida. Larn familiar with, and accept the obligations of registered agent. SIGNATURE Signature Aypert or printed name of registered agent annihito. I surpreade (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delate Change Addition MA AUREEM SULLIUAN CUNNELLY, MARCI NAME NAME 144 DAK VIEW CIR. 200 OAK PT CIR STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 PONTE VEDRA, FL 32082 CITY ST ZIP CUY-ST-ZiP THILE ☐ Delate TITLE BARNHARD, SARAH NAME NAME 117 OAKVIEW CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZiP TITLE Delete TITLE ☐ Change ncilibbA [COATES, LEITHA NAME NAME 122 OAK VIEW CIR STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition HRIS ROMAND 109 OAK VIEW CIR. ROMANO, CHRIS NAME NAME 109 OAK VIEW CIR STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-Z(P CITY-ST-ZIP PONTE VEDRA, FL 32082 THE ☐ Delete TITEL Addition NAME NAME STREET AUDRESS STREET ADDPESS CITY-ST-ZIP CITY+ST-ZIP Change THILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-70P CITY - ST- ZiP

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

SIGNATURE:

Min RMAM CHRIS ROMANO

4/21/08 904-280->66

FILED