2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40838

FILED May 04, 2008 Secretary of State

Entity Name: COLUMBIA COUNTY LANDLORD'S ASSOCIATION, INC.

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

C/O DEAN KIRCHNER C/O KAREN M. MIZER

161 SW DANTE TERRACE 2580 S.W. WINDSONG CIRCLE LAKE CITY, FL 32024 US LAKE CITY, FL 32025 US

Current Mailing Address: New Mailing Address:

C/O DEAN KIRCHNER C/O KAREN M. MIZER

161 SW DANTE TERRACE 2580 S.W. WINDSONG CIRCLE LAKE CITY, FL 32024 US LAKE CITY, FL 32025 US

FEI Number: 59-2891179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KIRCHNER, DEAN

161 SW DANTE TERRACE

LAKE CITY, FL 32024 US

MIZER, KAREN M

2580 SW WINDSONG CIRCLE

LAKE CITY, FL 32024 US

LAKE CITY, FL 32024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: KAREN M. MIZER 05/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

in the State of Florida.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition Name: KIRCHNER, DEAN Name: MIZER, KAREN M

Address: 161 SW DANTE TERRACE Address: 3045 SW WINDSONG CIRCE #108

City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32025

Title: VPD () Delete Title: VPD (X) Change () Addition Name: PIERCE, JOHN Name: POPLIN, BILL

 Address:
 RT. 30 BOX 1146
 Address:
 529 SW ARBOR LANE

 City-St-Zip:
 LAKE CITY, FL 32055
 City-St-Zip:
 LAKE CITY, FL 32055

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

 Name:
 KIRCHNER, DEAN
 Name:
 PIERCE, JOHN

 Address:
 161 SW DANTE TERRACE
 Address:
 RT 30, BOX 1146

 City-St-Zip:
 LAKE CITY, FL 32024
 City-St-Zip:
 LAKE CITY, FL 32055

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: KAREN M. MIZER PRES 05/04/2008