2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State 05-01-2008 90187 026 ****61.25 DOCUMENT # N41558 EVENINGSTAR CAY NEIGHBORHOOD ASSOCIATION, 60035851 Principal Place of Business Mailing Address 834 BALD EAGLE DR 834 BALD EAGLE DR MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Cha-NP CR2E037 (12/06) City & State City & State Applied For 65-0248092 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSENOW, ROBERT Street Address (P.O. Box Number is Not Acceptable) RESORT MANAGEMENT 834 BALD EAGLE DR MARCO ISLAND, FL. 34145 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. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable QATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filling Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE ☐ Addition TITLE Li, Alice PELKEY, NANCY NAME NAME 15960 NW. BI Ct. 203 EVENINGSTAR CAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY - ST - ZIP Miami Lakes, FL 33016 TITLE ☐ Delete TATLE Change ☐ Addition BRETL, MICHAEL NAME NAME STREET ADDRESS P.O. BOX 537 STREET ADDRESS CITY-ST-ZIP MARINETTE, WI 54143 CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE LAUFFER, MARILYN Anderson Ronald F NAME NAME COVE VILLIAGE RRI BOX 2380 STREET ADDRESS STHEET ADDRESS 154 Evenings for Coy, Naples Fl 34114 ZION GROVE, PA 17985 CITY-ST-ZIP CITY-ST-ZIP €nange ☐ Addition TITLE ☐ Delete TITLE MICHAEL J BRLTL LI PHILLIP NAME NAME STREET ADDRESS 15960 NW 81ST CT STREET ADDRESS NAPLES EL 34,124

MIAMI LAKES, FL 330Lb 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

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TITLE

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XX Delete

SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIAMI LAKES, FL 33016

GULLEDGE, ROBERT

NAPLES, FL 34114

142 EVENINGSTAR CAY

WRIGHT, KIT

P.O. BOX 4433 LAFAYETTE, IN 47903

EICER OR DIRECTOR

4-20-08

14564

Ruby E. Kumpf

670 Co Ed. #9

Li, PHillip

Victor N.Y.

15960 NW 81 CT

FILED

☐ Addition

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