FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # (4)LANGLEY LANDOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 15 S. KISSIMMEE AVENUE P O BOX 561079 3. Date Incorporated or Qualified OCOEE FL 34761-2628 ORLANDO FL 32856 02/26/1991 4. FEI Number Applied For 59-3102121 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? No. ☐ Yes 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SCHUUR, HARRY J., III Street Address (P.O. Box Number is Not Acceptable) 82 15 S. KISSIMMEE AVENUE 83 OCOEE FL Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. DELETE Change Addition 1.1 TITLE TITLE PD 1.2 NAME NAME LANGLEY, ARTHUR E. 1831 BELT MAR LANE 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Спапде Addition DELETE 2.1 TITLE TITLE CRITTENDEN, EARL M. 2.2 NAME NAME STREET ADDRESS 1023 PINAR DR 2.3 STREET ADDRESS ORLANDO FL 2. 4 CITY-ST-ZIP CiTY - ST - ZiP DELETE Change □ Addition 3.1 TITLE TITLE STD SCHUUR, HARRY J., III 3.2 NAME NAME 3226 DEBBIE DR 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6,1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

407-817-2455

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental angular 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 copy bration or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it of paged, or on an attachment with an address.

STREET ADDRESS

SIGNATURE

CITY - ST - ZIP