2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43074

FILED Apr 13, 2007 Secretary of State

Entity Name: ESPRIT NEIGHBORHOOD ASSOCIATION, INC.

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

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-504 4S

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-504 4S

FEI Number: 59-3063872 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:

 MEZER, STEVEN
 HART, JAMES W JR

 2180 W SR 434
 SENTRY MANAGEMENT INC

 SUITE 5000
 2180 WEST SR 434

 LONGWOOD, FL 327795044 US
 LONGWOOD, FL 32779 US

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: JAMES W HART JR 04/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VPD (X) Change () Addition Name: KLEMZ, CHRIS Name: GAMBLE, BRENDA

 Name
 GAWIBLE, BREINDA

 Address:
 16105 N FLORIDA #A
 Address:
 17757 ESPRIT DR

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 TAMPA, FL 33647

 Name:
 BULLARD, DARSON A JR
 Name:
 BULLARD, DARSON

 Address:
 17752 ESPRIT
 Address:
 17752 ESPRIT DR

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33647

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

 Name:
 TROWSE, KELLY
 Name:

 Address:
 16105 N FLORIDA #A
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

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

 Name:
 LOWE, JANNELL
 Name:
 LOWE, JANNELL

 Address:
 16105 N FLORIDA #A
 Address:
 17613 ESPRIT DR

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 TAMPA, FL 33647

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

 Name:
 TREADWAY, KAREN
 Name:
 TREADWAY, KAREN

 Address:
 16105 N FLORIDA #A
 Address:
 17609 ESPRIT DR

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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: JANELL LOWE PD 04/13/2007