2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 13, 2011
Secretary of State

DOCUMENT# N43286

Entity Name: PALOMA POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BMI
6028 CHESTER AVE # 105
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

BMI
6028 CHESTER AVE # 105
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3036138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNING, TERENCE K
6028 CHESTER AVE
SUITE 105
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KOINIS, CAROL
Address: 4128 PALOMA POINT COURT
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD
Name: LORBEER, CHUCK
Address: 4144 PRIMA VISTA CIR S
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD
Name: LIPHART, CHARLES
Address: 4136 PRIMA VISTA CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: MORRISON, BARBARA
Address: 4176 PRIMA VISTA CIR
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD
Name: TRUVER, CURTIS
Address: 4152 PRIMA VISTA CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: CAROL KOINIS PD 06/13/2011

Electronic Signature of Signing Officer or Director — Date