2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N48536

Entity Name: PEACE RIVER OAKS HOME OWNERS ASSOCIATION INC.

Current Principal Place of Business:

7070 ROBIN DRIVE
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

7070 ROBIN DRIVE
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-3151197 **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:

STEVENSON, ROB H
65 3RD ST. N.W.
SUITE 205
WINTER HAVEN, FL 33881 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: P ( ) Delete
Name: AYERS, JIM
Address: 485 HEATHER CT.
City-St-Zip: BARTOW, FL 33830

Title: DT ( ) Delete
Name: EUBANKS, PAMELA
Address: 475 HEATHER CT.
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete
Name: MUIKEY, FAY
Address: 7070 ROBIN DRIVE
City-St-Zip: BARTOW, FL 33830 US

Title: D ( ) Delete
Name: WILLARD, RANDY
Address: 517 HEATHER CT.
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FAY MULKEY D 05/15/2008
Electronic Signature of Signing Officer or Director — Date