


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50061</b> 1. Entity Name <b>PEGRAM LAKE OWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>22211 NE 101 ST TERR RD ORANGE SPRINGS, FL 32182 US</b>		Mailing Address <b>P.O. BOX 273 ORANGE SPRINGS, FL 32182 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ARNOLD, MELISA J 10485 NE 222ND PL RD FORT MC COY, FL 32134</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Melisa Arnold</u> DATE <u>8/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is <b>\$61.25</b> Due by <b>September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARY SHANNON 10394 NE 218 LANE ROAD ORANGE SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSIAL, NORBERT 5512 NW LANE GAINESVILLE, FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIPKINS, VENNIS 10380 NE 222ND PL RD FORT MC COY, FL 32134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, ANN PO BOX 424 FORT MC COY, FL 32134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARNOLD, MELISA 10485 NE 222ND PL RD FORT MC COY, FL 32134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANCE, JUNE P.O. BOX ORANGE SPRINGS, FL 32182	
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 with an address, with all other like empowered. SIGNATURE: <u>Melisa Arnold</u> DATE <u>8/31/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



08312007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3137140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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09/07/07-80003-004 61.25