2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

SIGNATURE AND TYPED OR EXINTED NAME OF SIG

Secretary of State **DOCUMENT # N50676** 03-26-2007 90068 019 ****61.25 WORTHINGTON SINGLE FAMILY HOMES ASSOCIATION II. INC. Principal Place of Business Mailing Address 40041400 13500 WORTHINGTON WAY 13550 WORTHINGTON WAY BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 65-0355546 Not Applicable Zin Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEST, MARK WORTHINGTON COUNTRY CLUB 13500 WORTHINGTON WAY **BONITA SPRINGS, FL 34135** 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP ☐ Delete Change TITLE ☐ Addition TITLE NAME RUDD, PATRICIA NAME Rudd, Peter STREET ADDRESS 13870 TONBRIDGE STREET ADDRESS 13870 Tonbridge Ct. BONITA SPRINGS, FL 34135 CITY-ST-ZIP Bonita Springs, FL 34135 CITY-ST-7IP דמ ☐ Delete TITLE ☐ Addition TITLE MUSTIAN, DAVID NAME Mustian, David STREET ADDRESS 13850 TOMBRIDGE CT STREET ADDRESS 13850 Tonbridge Ct. BONITA SPRINGS, FL. 34135 CITY-ST-ZIP CITY-ST-7IP Bonita Springs, FL 34135 _ DS ☐ Delete TITLE ☐ Change ☐ Addition TITLE FARBER, ROBERT NAME STREET ADDRESS 13891 TONBRIDGE CT STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 phowered.

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