2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2006 8:00 am Secretary of State DQCUMENT # N92000000521 02-17-2006 90068 035 ****70.00 MOLINO RECREATION ASSOCIATION, INC. Principal Place of Business Mailing Address 2340 CRABTREE CHURCH RD P O BOX 533 MOLINO FL 32577 MOLINO FL 32577 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3142080 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NICHOLSON, DONNIE L 3015 HWY 82 W. MOLINO RD MOLINO FL 32577 City 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 familia the obligations of registered agent SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) Maring Colors FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Presid Delete Change TITLE ☐ Addition NICHOLSON, DONNIE 3015 HWY 182 W. MOLINO RD STREET ADDRESS STREET ADDRESS MOLINO FL 32577 CITY-ST-ZiP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE WOODS, OTIS NAME NAME 2782 ANGUS CIRCLE STREET ADDRESS STREET ADDRESS MOLINO FL 32577 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME LUKER, SONJA NAME PO BOX 578 STREET ADDRESS STREET ADDRESS MOLINO FL 32577 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition HAYES, DARLENE STREET ADDRESS STREET ADDRESS 7110 N. HWY 95A CITY-ST-7/P MOLINO FL 32577 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Treas. Hauss 1-22-010

FILED