2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001002

FILED Apr 24, 2008 Secretary of State

Entity Name: STALLWORTH PRESERVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US **New Mailing Address: Current Mailing Address:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US FEI Number: 59-3160654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMELY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ANDERSON, RON L Name: Name: 2566 INGLESIDE FARMS E Address: Address: City-St-Zip: GERMANTOWN, TN 38139 US City-St-Zip: Title: Title: () Delete () Change () Addition TERRY, RONALD Name: Name: Address: 3034 THE OAKS Address: MIRAMAR BEACH, FL 32550 US City-St-Zip: City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition CARTER, KERRY LEVY, MARGE Name: Name: 2076 CAHABA VALLEY RD 6489 ROBBINS RIDGE LN Address: Address: City-St-Zip: INDIAN SPRINGS, AL 31524 US City-St-Zip: MEMPHIS, TN 38119 US Title: () Delete Title: DST (X) Change () Addition Name: HARPER, DAVID Name: HARPER, DAVID Address: 3015 FREE FERRY Address: 3015 FREE FERRY City-St-Zip: FT SMITH, AR 72903 US City-St-Zip: FT SMITH, AR 72903 US Title: DST () Delete Title: (X) Change () Addition MITCHELL, SHARON SALTER, PAUL Name: Name: 3260 WEST PACES PARK CT NW 211 SMYER TERRACE Address: Address: City-St-Zip: ATLATNTA, GA 30327 US City-St-Zip: BIRMINGHAM, AL 35216 US

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: DAVID HARPER S 04/24/2008