2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000699

FILED Mar 20, 2007 Secretary of State

Entity Name: OTS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4890 WEST KENNEDY BLVD 400 N. ASHLEY DRIVE

SUITE 920 SUITE 3010

TAMPA, FL 336091863 US TAMPA, FL 33602 US

Current Mailing Address: New Mailing Address:

4890 WEST KENNEDY BLVD 400 N. ASHLEY DRIVE

SUITE 920 SUITE 3010

TAMPA, FL 336091863 US TAMPA, FL 33602 US

FEI Number: 59-3168760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202 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:

Floring Company of Devictors of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 4890 W. KENNEDY BLVD., SUITE 920 Address: 400 N. ASHLEY DRIVE, SUITE 3010

City-St-Zip: TAMPA, FL 336091863 City-St-Zip: TAMPA, FL 33602

Title: DP () Delete Title: DP (X) Change () Addition

Name: BRAY, JOHN H Name: BRAY, JOHN H

Address: 4890 W. KENNEDY BLVD., SUITE 920 Address: 400 N. ASHLEY DRIVE, SUITE 3010

City-St-Zip: TAMPA, FL 336091863 City-St-Zip: TAMPA, FL 33602

Title: DST () Delete Title: DST (X) Change () Addition

Name: BRAY, MATTHEW J

Address: 4800 NA (KENNEDY BLAD CHITE 220

Address: 4890 W. KENNEDY BLVD., SUITE 920 Address: 400 N. ASHLEY DRIVE, SUITE 3010

City-St-Zip: TAMPA, FL 336091863 City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWN M. LEMONS ASVP 03/20/2007