2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001321

Apr 17, 2008 Secretary of State

Entity Name: OLD FENIMORE MILL CONDOMINIUM ASSOCIATION, INC.

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

PO 850 DOCK ST 11 OLD MILL DRIVE

CEDAR KEY, FL 32625 CEDAR KEY, FL 32625 US US

Current Mailing Address: New Mailing Address:

PO 850 DOCK ST PO 805

CEDAR KEY, FL 32625 US CEDAR KEY, FL 32625 US

FEI Number: 59-3185752 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:

MILLER, SHRADER MILLER, SHRADER 490 DOCK STREET 471 DOCK STREET

CEDAR KEY, FL 32625 CEDAR KEY, FL 32625 US 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: SHRADER MILLER 04/17/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVP () Delete (X) Change () Addition

MULDOON, ART KERR, STEVE Name: Name: 242 S. MAIN ST Address: 225 LAKESIDE TRAIL Address: City-St-Zip: FAIRPORT, NY 14450 City-St-Zip: CANTON, GA 30115

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

CARDON, LANNIE Name: CARDONA, LANNIE Name:

Address: PO BOX 849 Address: PO BOX 849 City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: CEDAR KEY, FL 32625

() Delete Title:

Title: (X) Change () Addition HALL, BARBARA MOLITOR, FRANK Name: Name:

2006 NW 27TH ST Address: Address: PO 843

City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: CEDAR KEY, FL 32625

() Delete Title: D Title: () Change () Addition

Name: RYAN, TINA Name: Address: 610 LOCK RD Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip:

Title: () Delete Title: () Change () Addition

SMITH, ROBERT Name: Name: 3418 WEAVER RD Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip:

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: LANNIE CARDONA DP 04/17/2008