2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003204

Entity Name: FLETCHER'S MILL ASSOCIATION, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US **New Mailing Address: Current Mailing Address:** 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US FEI Number: 59-3228532 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: TRIPPE, PAT CONNER, SARAH AGENT 5208 SW 91ST DRIVE 5208 SW 91ST DRIVE SUITE D SUITE D GAINESVILLE, FL 32608 US GAINESVILLE, FL 32608 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: SARAH CONNER, AGENT 04/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change () Addition CANNON, EARL BROOKER, JEFFREY R Name: Name: 925 NW 114TH WAY Address: 11629 NW 15TH LANE Address: City-St-Zip: GAINESVILLE, FL 32606 US City-St-Zip: GAINESVILLE, FL 32606 Title: Title: (X) Change () Addition () Delete BRAMBLE, JIM Name: REDMER, TESSIE C Name: Address: 11662 NW 19TH PLACE Address: 11423 NW 8TH ROAD City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: () Change () Addition TRUELOVE, THERESE Name: Name: Address: 1308 NW 117TH TERRACE Address: City-St-Zip: GAINESVILLE, FL 32614 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: TALTON, JIM D Address: Address: P.O. BOX 13964 City-St-Zip: City-St-Zip: GAINESVILLE, FL 32604 Title: () Delete Title: () Change (X) Addition DIAMOND, MARC Name: Name: 1945 NW 113TH DRIVE Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: () Change (X) Addition BEDELL, BRIAN S Name: Name: Address: Address: 1328 NW 117TH TERRACE

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.

City-St-Zip:

GAINESVILLE, FL 32606

SIGNATURE: JEFFREY R. BROOKER P 04/25/2009

City-St-Zip: