2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jul 22, 2008 8:00 am Secretary of State DOCUMENT # N9400001600 07-22-2008 90005 013 ****61.25 LOVE'S LANDING HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 60045238 10835 S.E. SUNSET HARBOUR ROAD 10835 S.E. SUNSET HARBOUR ROAD SUMMERFIELD, FL 32691 SUMMERFIELD, FL 32691 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3234093 City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOVE, JOHN H 10835 S.E. SUNSET HARBOUR ROAD Street Address (P.O. Box Number is Not Acceptable) SUMMERFIELD, FL 32691 Zip Code 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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition PD Change TITLE Delete TITLE LOVE, JOHN H NAME NAME Summerfield FL 34491 STREET ADDRESS 10835 S.E. SUNSET HARBOUR ROAD STREET ADDRESS SUMMERFIELD, FL 32691 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 10825 SE Suiset Harbor Road LOVE, SAMUEL B JR. NAME NAME 10835 S.E. SUNSET HARBOUR ROAD STREET ADDRESS STREET ADORESS Summerfield FL 34491 CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD, FL 32691 TITLE Delete TITLE Andrew B. Love 10325 SE Sunser Harbor Road Summerfield, FL 34491 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED