2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N94000003041

Entity Name: MCGIRTS CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3250723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: NEILL, GARY
Address: 6625 JUMIPER CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD ( ) Delete
Name: RIDDLE, CHARLES
Address: 6630 JUNIPER CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD ( ) Delete
Name: BARRY, PATRICK
Address: 6642 JUNIPER CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete
Name: CROOKS, NICOLA
Address: 6603 JUMIPER CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEILL, GARY
Address: 6625 JUNIPER CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD (X) Change ( ) Addition
Name: SMITH, LISA
Address: 6535 BIG STONE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD (X) Change ( ) Addition
Name: SOLOMON, FELESCIA
Address: 6547 BIG STONE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change ( ) Addition
Name: CROOKS, NICOLA
Address: 6603 JUNIPER CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

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: GARY NEILL PD 03/12/2008

Electronic Signature of Signing Officer or Director — Date