2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000003701

1. Entity Name
THE WOODS AT CROOKED MILE HOMEOWNERS' ASSOCIATION, INC.

60025012

Principal Place of Business	Mailing Address
POBOX542322	P.O. BOX542322
MERRITT ISLAND, FL 32954-2322 US	MERRITT ISLAND, FL 32954-2322

(N 9 4 0 0 0 0 0 3 7 0 1 N)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03162007 Chg-NP CR2E037 (12/06)
City & State	City & State	4. FEI Number 59-3107982 — Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIELSEN, SUSAN C 230 ALAMEDA DR MERRITT ISLAND, FL 32952	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL 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 _Susan C. Nielsen_ , SUSAN C. NIELSEN TD   3/15/07

<small>Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE</small>

Filing Fee is $61.25 **Due by May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: ORLANDO, LARRY STREET ADDRESS: 125 ALAMEDA DR CITY-ST-ZIP: MERRITT ISLAND, FL 32952	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: SD NAME: ~~WARREN, CHERYL~~ STREET ADDRESS: ~~155 ALAMEDA DR~~ CITY-ST-ZIP: ~~MERRITT ISLAND, FL 32952~~	☐ Delete	TITLE: SD NAME: SIMS, LESLIE STREET ADDRESS: 170 ALAMEDA DR CITY-ST-ZIP: MERRITT ISLAND FL 32952	☑ Change ☐ Addition
TITLE: VP NAME: ~~BRANDT, LINDA~~ STREET ADDRESS: ~~180 ALAMEDA DR~~ CITY-ST-ZIP: ~~MERRITT ISLAND, FL 32952~~	☐ Delete	TITLE: VP NAME: WITCHER, MARY STREET ADDRESS: 200 ALAMEDA DR. CITY-ST-ZIP: MERRITT ISLAND FL 32952	☑ Change ☐ Addition
TITLE: TD NAME: NIELSEN, SUSAN STREET ADDRESS: 230 ALAMEDA DR CITY-ST-ZIP: MERRIT ISLAND, FL 32952	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ 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.

SIGNATURE: _Susan C. Nielsen_ SUSAN C. NIELSEN 3/15/07 (321) 453-4228

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>