2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# N94000005893

Entity Name: ANSLEY WELL USERS ASSOCIATION, INC.

Current Principal Place of Business:

17500 SPRING VALLEY RD.
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

17500 SPRING VALLEY RD.
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 59-3306441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, MICHAEL
17500 SPRING VALLEY RD.
DADE CITY, FL 33523 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: D ( ) Delete
Name: CRUZ, MICHAEL
Address: 17500 SPRING VALLEY RD.
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete
Name: CRUZ, CAROL A
Address: 17500 SPRING VALLEY RD.
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete
Name: WOOD, JOE
Address: 17500 SPRING VALLEY RD.
City-St-Zip: DADE CITY, FL 33523

Title: T ( ) Delete
Name: WOOD, DOT
Address: 17500 SPRING VALLEY RD.
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MICHAEL CRUZ OFFI 03/17/2008

Electronic Signature of Signing Officer or Director — Date