2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002327

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WA

VILLÁGE ON CRYSTAL LAKE AT BRECKENRIDGE HOMEOWNERS' ASSOCIATION, INC.



Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90064 038 ****61.25

FILED

Day: ne Phone #

Principal Place of Business Mailing Address C/O PEGASUS PROPERTY MANAGEMENT, INC. C/O PEGASUS PROPERTY MANAGEMENT, INC. 17595 S. TAMIAMI, #100 17595 S. TAMIAMI, #100 FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0740358 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSDEN, GARY Street Address (P.O. Box Number is Not Acceptable) C/O PEGASUS PROPERTY MANAGEMENT, INC. 17595 S. TAMIAMI, #100 FORT MYERS, FL 33908 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. \Box Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition BARNES, CLARA SUE NAME NAME 4194 PENSACOLA AVE STREET ADDRESS STREET ADDRESS ESTERO, FL 33928 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RUBBO, ALBERT NAME NAME 4150 TEQUESTA DR STREET ADORESS STREET ADDRESS ESTERO, FL 33928 CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete Change ☐ Addition HOFFMAN, STEVE NAME NAME 4183 PENSACOLA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE GREEN, HAROLD NAME NAME 4178 PENSACOLA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NEVILLE, JOHN NAME NAME STREET ADDRESS 4185 PENSACOLA AVE STREET ADDRESS ESTERO, FL 33928 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 impowered.

SIGNING OFFICER OR DIRECTOR