2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2006 8:00 am Secretary of State DOCUMENT # N96000004693 1. Entity Name 05-04-2006 90217 040 ****61.25 HOMEOWNERS OF LAS VERDES, INC. Principal Place of Business Mailing Address 3706 SAWGRASS TITUSVILLE FL 32780 PO BOX 1354 TITUSVILLE FL 32781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 80-0026552 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Archer</u> JONES, BETTY Box Number is Not Acceptable) 3706 SAWGRASS DR. TITUSVILLE FL 32780 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. INOTE Registered Agent signature required when reinstation FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. X TITLE ☐ Delete TITLE Eddie Bartot JONES, BETTY NAME NAME Change 1394 Las Verdes Pl. 37065 SAWGRASS DR. STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-Z#P to Director itusville Fl. 32780 Secretary TITLE ☐ Delete TITLE ☐ Change **X** Addition MCMILLAN, BILLY NAME NAME Althea Puzio 1412 LAS VERDES PL STREET ADDRESS 400 bas Verdes P. Titusville, F1 32780 STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ARCHER, GLEN NAME 1388 LAS VERDES PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STYERS, GEORGETT NAME NAME Change 3702 SAWGRASS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-7IP to DiRector TITLE TITLE Change ☐ Addition HARVEY, YVONNE NAME 1404 LAS VERDES STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BROWN, FANNY NAME NAME 1402 LAS VERDES PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP

FILED

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Trias SIGNATURE 4-25-06 321-768-4719