FILED May 14, 2007 8:00 am Secretary of State 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT 05-14-2007 90088 010 ****61.25 **DOCUMENT # N97000001590**

HARGETT LANE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3000 HARGETT LANE 3000 HARGETT LANE SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04262007 CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3454518 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 5.6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cotton Larm CRONIN, JOHN HUR. 3011 HARGETT LANE SAFETY HARBOR, FL 34695 Street Address (P.O. Box Number is Not Acceptable) City Safety Zip Code tharbor 34695 nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this sta the obligations of registered age SIGNATURE Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61 Make check payable to... Trust Fund Contribution. Florida Department of State Due by May 4, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PΩ TITLE TITLE ☐ Delete Addition COTTON, LARRY JOE NAME ,. NAME STREET ADDRESS 3000 HARGETT LANE STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BECKER, MARY BETH NAME NAME STREET ADDRESS 3022 HARGETT LANE STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Change **Addition** TITI F Delete mike Kushrer CRONIN, JOHN H JR. NAME NAME 3018 Hargett Lane 3011 HARGETT LANE STREET ADDRESS STREET ADDRESS SAFETY LANE, FL 34695 CITY-ST-ZIP 34695 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP th his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 same appears in Block 10 or Block 11 if with all other like empowered. 12. I hereby certify that the information supplied indicated on this report or supplemental lep-of the corporation or the receiver or trustee a changed, or on an attachment with an address PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 727-938-246Y SIGNATURE:

Daytime Phone #