2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N98000000594

Entity Name: CRYSTAL HILLS MINI FARMS - UNIT IV PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1791 E. ZYRIAN PLACE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

1791 E. ZYRIAN PLACE
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 65-0814412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINSON-MATHIAS, TINA M
1791 E. ZYRIAN PLACE
HERNANDO, FL 34442 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: PD ( ) Delete
Name: JENKS, STEVEN D
Address: 5001 N. ALABASTER DRIVE
City-St-Zip: HERNANDO, FL 34442

Title: STD ( ) Delete
Name: HUTCHINSON-MATHIAS, TINA M
Address: 1791 E ZYRIAN PL
City-St-Zip: HERNANDO, FL 34442

Title: DV ( ) Delete
Name: MATHIAS, SAMUEL J
Address: 1791 E ZYRIAN PL
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: JENKS, STEVEN D
Address: 5001 N. ALABASTER DRIVE
City-St-Zip: HERNANDO, FL 34442

Title: ST/D (X) Change ( ) Addition
Name: HUTCHINSON-MATHIAS, TINA M
Address: 1791 E ZYRIAN PL
City-St-Zip: HERNANDO, FL 34442

Title: V/D (X) Change ( ) Addition
Name: MATHIAS, SAMUEL J
Address: 1791 E ZYRIAN PL
City-St-Zip: HERNANDO, FL 34442

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: TINA M. HUTCHINSON-MATHIAS ST/D 04/27/2007

Electronic Signature of Signing Officer or Director — Date