2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# N98000004038

Entity Name: CORKSCREW ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

19701 CORKSCREW ESTATES CT
FT MYERS, FL 33913

New Principal Place of Business:

19600 CORKSCREW ESTATES CT.
ESTERO, FL 33928

Current Mailing Address:

P.O. BOX 9438
NAPLES, FL 34110

New Mailing Address:

19600 CORKSCREW ESTATES CT.
ESTERO, FL 33928

FEI Number: 65-1010157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILP, DONNA L
19701 CORKSCREW ESTATES CT
FT MYERS, FL 33913 US

Name and Address of New Registered Agent:

PHILP, DONNA L
19701 CORKSCREW ESTATES CT
ESTERO, FL 33928 US

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: _____ 07/14/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHILP, JOHN R
Address: 19701 CORKSCREW ESTATES CT
City-St-Zip: FT MYERS, FL 33913

Title: SD ( ) Delete
Name: RAHE, ARVO
Address: 19050 CORKSCREW ESTATES CT
City-St-Zip: FT MYERS, FL 33913

Title: TD ( ) Delete
Name: MOUNTS, DARRELL E
Address: 19600 CORKSCREW ESTATES CT
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PHILP, JOHN R
Address: 19701 CORKSCREW ESTATES CT
City-St-Zip: ESTERO, FL 33928

Title: SD (X) Change ( ) Addition
Name: RAHE, ARVO
Address: 19050 CORKSCREW ESTATES CT
City-St-Zip: ESTERO, FL 33928

Title: TD (X) Change ( ) Addition
Name: MOUNTS, DARRELL E
Address: 19600 CORKSCREW ESTATES CT
City-St-Zip: ESTERO, FL 33928

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: DARRELL E. MOUNTS TD 07/14/2008
Electronic Signature of Signing Officer or Director — Date