2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005763

FILED Jul 11, 2008 Secretary of State

Entity Name: DMG PROPERTIES HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 44282 CATIES WAY 44542 GREEN MEADOWS LN CALLAHAN, FL 32011 CALLAHAN, FL 32011 **Current Mailing Address: New Mailing Address:** 44282 CATIES WAY 44542 GREEN MEADOWS LN CALLAHAN, FL 32011 CALLAHAN, FL 32011 FEI Number: 59-3542980 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: Name and Address of New Registered Agent: MILLER, ROBYN MEANS, THOMAS E 44282 CATIES WAY 44523 CATIES WAY CALLAHAN, FL 32011 US CALLAHAN, FL 32011 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: THOMAS E MEANS 07/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TODD, JIM MUSE, GEORGE Name: Name: Address: 44267 GREEN MEADOWS LANE Address: 44542 GREEN MEADOWS LN City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: CALLAHAN, FL 32011 Title: () Delete Title: (X) Change () Addition Name: MILLER, ROBYN Name: REED, LESLEY Address: 44282 CATIES WAY Address: 441168 GREEN MEADOWS LN City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: CALLAHAN, FL 32011 Title: () Delete Title: () Change (X) Addition MEANS, THOMAS E Name: Name: 44523 CATIES WAY Address: Address: City-St-Zip: City-St-Zip: CALLAHAN, FL 32011

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: THOMAS E MEANS T 07/11/2008