2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 14, 2008 08:00 AN DOCUMENT # N98000006049 **Secretary of State** MILLENIA PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O SCHRIMSHER PROPERTIES 600 E. COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 C/O SCHRIMSHER PROPERTIES 600 E. COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 2. Principat Place of Business - No P.C. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3686048 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRIMSHER, FRANK L Street Address (P.O. Box Number is Not Acceptable) C/O SCHRIMSHER PROPERTIES 600 E. COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Berjistereit Agent signature red ured when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2008 Physical basiling ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PTS Change ☐ Addition ☐ Delete TITLE SCHRIMSHER, FRANK L NAME U00000857863 600 E. COLONIAL DR., STE. 100 STREET ADDRESS STREET ADDRESS 04/01/08-80021-012 61,25 ORLANDO FL 32803 CITY ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delote Change Addition CAIRNES, TOM NAME MAME STREET ADDRESS 3101 PGA BOULEVARD STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP MO. Delate TITLE 🔲 Change noijibhA 🔲 TITLE NAME RIFE, JOHN JR NAME 427 S. NEW YORK AVE, SUITE 204 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY - ST- ZIP CITY-ST-7IP ncitibbA [TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEE Change ne-libbA 🔲 TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET AUDHESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 a figuress, with all other like empowered.

SIGNATURE:

Frank L. Schrimshar 3.10-08

(401) 423-1600