2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 05, 2007 8:00 am Secretary of State DOCUMENT # N99000004669 02-05-2007 90102 022 ****61.25 THE GLADES OF CLAY COUNTY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address OBATTION 1756 REDWOOD LANE 1756 REDWOOD LANE MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 01202007 Chq-NP CR2E037 (12/06) 4. FEI Number 59-3610531 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOLEN, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 1851 THE GLADES ROAD MIDDLEBURG, FL 32068 Zip Code 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 little if applicable. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Gogolin, Gene-Secretary TITLE ☐ Delete TITLE THOLEN, RUSSELL NAME NAME 1845 The Glades Roady STREET ADDRESS 1851 THE GLADES ROAD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP Middleloura, FL 32068 TITLE Delete TITLE ☐ Change Addition William Reilly NAME TESCHENDORF, TINA NAME 1734 Redwood Lane 1701 REDWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE DOPSON, MARJORIE NAME STREET ADDRESS 1756 REDWOOD LANE STREET ADDRESS MIDDLEBURG, FL 32068 CITY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change HOLT, ARTHUR J NAME NAME STREET ADDRESS 1749 RECKWOOD LN STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all their like empowered.

FILED