2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

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Entity Name: AWAKENINGS ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business:

4213 COUNTY RD 218
1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3662162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELCOMYN, VINA C
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 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: DP
Name: DELCOMYN, VINA C
Address: 4213 COUNTY ROAD 218 SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVP
Name: WATERS, NANCY L
Address: 4213 COUNTY ROAD 218 SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT
Name: WALTERS, DARRELL
Address: 4213 COUNTY ROAD 218 SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VINA DELCOMYN PRES 01/11/2011

Electronic Signature of Signing Officer or Director — Date