## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #717766**

1. Entity Name



**FILED** Apr 18, 2006 8:00 am Secretary of State 04-18-2006 90089 007 \*\*\*\*61.25

ASSOCIATION, INC.								
633 ALHAMBRA RD.		Mailing Address 633 ALHAMBRA RD. VENICE, FL 34285		L IRRITA IN				
2. Principal Place of Business 3.		3. Mailing Address						
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		01242006	Ghg-NP	CR2E037 (11/05)		
City & State		City & State			FEI Number         Applied For           59-1308495         Not Applicable			
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New	Registered Agent		
WILSON, MARGARET M 7559 PARRISH STREET N. PORT, FL 34287			Name Street Addr	Street Address (P.O. Bipx Number is Not Address)  Street Address (P.O. Bipx Number is Not Address)				
N. PORT,	FL 34207							
				Venice FL 259285				
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  Streetiles based or grand ground g								
l .	Signature, typed or printed name of registered agen	and the if applicable. (NOTE: F	legistered Agent arginature r	equired when reinstating)		DATE		
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Figure 1  Trust Fund Contribution				\$5.00 Ma Added to Fe		Make check payable to orlda Department of S		
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS IN	V 10	
TITLE NAME STREET ADORESS CITY-ST-ZIP	P HARRINGTON, JOSEPH C 54 SCHOOL ST REHOBOTH, MA 02769	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DURAN, DONALD 2390 SONOMA DR W NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLEUAND, JOHN 2504 FOULK WOODS RD WILMINGTON, DE 19810	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mc Cle	lland, Jo	<b>P</b> Change ⊃hn	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D GILES, LYDIA 633 ALHAMBRA RD. #1001 VENICE, FL 34285	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSS, ROBERT 32910 STONE MANOR DR GRAYSLAKE, IL 60030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTE, JOSEPH G 24500 FORTERRA DR WARREN, MI 48089	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-72P	Eve Katr 7 Arrow Livingst	Drive on. NJ 07	□ Change	<b>Addition</b>	
12. I hereby	certify that the information supplied wild on this report or supplemental report	th this filing does not qualify for it	the exemptions cont v signature shall hav	ained in Chapter in the same legal e	119, Florida Statute: flect as if made und	s; i further certify that the i ler oath; that I am an office	information er 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 other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

4/7/06

941 488 0602 Daytine Phone #