2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nam	MENT #720071 VE COMMUNITY CLUB, INC	C		Secretary of State 04-03-2006 90376 002 ****61.25
Principal Plac EAST COVE (C/O HERB FU INVERNESS,	Community Club, Inc. Jller	Mailing Address 10145 E BASS CIRCLE INVERNESS, FL 34450		
2. Principal P East Suite, Apt.		3. Mailing Address B Inc. 1015 Suite, Apt. #, etc.	3 E Bas	22
City & Stat	Barbara Cazrac	City & State	¥	4. FEI Number Applied For
Zip	Country Country	zip 34450)	Country	5. Certificate of Status Desired See Required
	6. Name and Address of Current R	Registered Agent	1	7. Name and Address of New Registered Agent
10145 EAS	HERBERT L ST BASS CIRCLE SS, FL 34450		Street Addre	27 Cault, Barbara ess (P.O. Box Number is Not Acceptable)
IIIV EKIVE	50,12 5435		10	153 E. Rass Circle
the obligat	named entity submits this statement for lions of registered agent.	the purpose of changing its regis	/1 T	totered agent, or both, in the state of Florida. I am familiar with, and accept the control of t
	Exterior 1	7 ulle 3/201	a (/) ma	hour ldsometh 3 logle
SIGNATURE	Signature, typed or printed name oil registered agent ar	- ullu-3/29/ nd title if applicable. (NOTE: Regi	06. VOA istered Agent signature rac	bara of cult 3 129/0
SIGNATURE	Signature, typed or printed name of registered agont an Filling Fee is \$61.25 Due by May 1, 2006	nd title if applicable. (NOTE: Regilar Trust Fund Control	gn Financing	DUAL COLOR
SIGNATURE	Filing Fee is \$61.25	9. Election Campaig Trust Fund Contr	gn Financing ibution.	\$5.00 May Be Make check payable to
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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 cath; 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 etholer like empowered.

SIGNATURE: DANGE O'

GNING OFFICER OR DIRECTOR

3 69 66 353-726-4268