2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #723532 1. Entity Name

| FILED |
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| Apr 11, 2006 8:00 am |
| Secretary of State |

04-11-2006 90268 001 ***630.00

| FOINCIAI | NA VILLAGE FIVE ASSOCIA | HON, INC. | | | | | |
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| 401 WALNUT STREET 401 | | Mailing Address 401 WALNUT STREET KISSIMMEE, FL 34759-0 | | | 0000 | ••• | |
| | | | | | | | |
| 2. Principal Place of Business 3. Ma | | 3. Mailing Address | Mailing Address | | | | Di El DE |
| Suite, Apt. #, etc. Su | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ng-NP CR2 | E037 (11/05) | |
| City & State C | | City & State | City & State | | 6 | | plied For t Applicable |
| Zip | Country | Zip | Country | 5. Certificate of St | | \$8.75 Add | itional |
| | 6. Name and Address of Current Ro | i egistered Agent | | 7. Name and Add | ress of New Register | | |
| BROWN R | OCKELL Y | | Name | | | | |
| BROWN, ROCKELL Y 401 EAST WALUNT KISSIMMEE, FL 34759 | | | Street Addres | ss (P.O. Box Number is I | Not Acceptable) | | |
| TOO IIIII | 2,72 04700 | | | | | | |
| | | | City | | F | Zip Code | • |
| | named entity submits this statement for t | he purpose of changing its re | gistered office or regis | stered agent, or both, in | the State of Florida. I | am familiar with, | and accept |
| the obligati | ions of registered agent. | | | | | | |
| SIGNATURE - | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: R | Registered Agent signature requ | uired when reinstaling) | DA | TE | |
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| | | O Flanting Come | ales Cleanales | * F ** | Make et | ook pavable te | . |
| | Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Camp Trust Fund Cor | | \$5.00 May Be Added to Fees | | neck payable to partment of St | |
| 10. | Due by May 1, 2006 OFFICERS AND DIRE | Trust Fund Col | ntribution. | Added to Fees ADDITIONS/CHANG | Florida De | partment of St | ate 10 |
| TITLE | Due by May 1, 2006 OFFICERS AND DIRE PD | Trust Fund Col | ntribution. 11. IIILE PD | Added to Fees ADDITIONS/CHANG | Florida De | partment of St | ate |
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I nereby certify that the information supplied with this filling 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 other like empowered.

SIGNATURE:

JEFFREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY C. PASHLEY

(321) 442-1177