2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # 725554** 1. Entity Name 04-18-2005 90276 039 ****61.25 SECTION TEN ASSOCIATION, INC. Principal Place of Business Mailing Address 6724 NW 61 STREET 6724 NW 61 STREET SECTION 10 ASSOC. TAMARAC FL 33321-5619 SECTION 10 ASSOC. TAMARAC FL 33321-5619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 23-7320950 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent שואטלו Lennon CALLAGHAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 6008 NW 71 AVENUE FORT LAUDERDALE FL 33321 6102 NW 68 Terrace 2 Marad 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 lori 8, 2005 lenn<u>on</u> SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Detete TITLE ☐ Change ■ Addition WALLING, SHIRLEY NAME NAME 6016 N.W. 66 TERR. STREET ADDRESS STREET ADDRESS TAMATARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP <u>606</u> TITLE ☐ Delete Addition Serrano, Juan 6100 NW 70 Ave REISS, JOAN NAME NAME 6105 NW 69 AVE STREET ADDRESS STREET ADDRESS Tamorde, FL 33301 TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP PVP TITLE ☐ Delete TITLE ☐ Addition Scott Barbara 6717 UW GI Street ROBLES, MARGE NAME NAME 5904 NW 69 AVE STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 Tamorac, FL CITY-ST-ZIP CITY-ST-7IP SVPD TITLE TITLE ☐ Addition ☐ Delete CALLAGHAN, JERRY Lennon, Doris NAME NAME 6008 NW 71 AVE 602 NW 68 TErrace STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 Tamarac FL 33301 CITY-ST-7IP CITY-ST-ZIP Delete TITLE THE ☐ Change ☐ Addition WATSON, DELORES NAME 6715 NW 60 ST STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

April 8, 2005 954-721-8801