2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 04, 2006
Secretary of State

DOCUMENT# 725554

Entity Name: SECTION TEN ASSOCIATION, INC.

Current Principal Place of Business:

6724 NW 61 STREET
SECTION 10 ASSOC.
TAMARAC, FL 333215619

New Principal Place of Business:

Current Mailing Address:

6724 NW 61 STREET
SECTION 10 ASSOC.
TAMARAC, FL 333215619

New Mailing Address:

FEI Number: 23-7320950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENNON, DORIS
6102 NW 68 TERRACE
FORT LAUDERDALE, FL 33321 US

Name and Address of New Registered Agent:

BLUMKIN, CHARLES S
7304 NW 59 STREET
TAMARAC, FL 33321 US

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: CHARLES S. BLUMKIN 08/04/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DDP ( ) Delete
Name: REISS, JOAN
Address: 6105 NW 69 AVE
City-St-Zip: TAMARAC, FL 33321

Title: PVP ( ) Delete
Name: SCHERRER, MARK
Address: 5909 NW 69 AVE
City-St-Zip: TAMARAC, FL 33321

Title: SVPD ( ) Delete
Name: LENNON, DORIS
Address: 6102 NW 68 TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete
Name: WHALEN, SHERRY
Address: 6007 NW 67 WAY
City-St-Zip: TAMARAC, FL 33321

Title: T ( ) Delete
Name: WATSON, DOLORES
Address: 6715 NW 59 ST
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES WATSON T 08/04/2006
Electronic Signature of Signing Officer or Director Date