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

| 1. Entity Nar                                    | me   | # <b>742793</b><br>NDO <b>MINI</b> UM ASSO  | CIATIO                            | ON, INC.  |                                    |   | $\mathbf{J}$  | an 25, 2  | 2005 08<br>tary of   |   | 1  |
|--|--|---|-----------------------------------|---|------------------------------------|---|---|---|--|---|----|
| Principal Plac                                   | ce of Busines  | <del></del>   | Maili                             | ng Address  | ·-                                 | <u> </u>  | 1   |   |  |   |    |
| SOMERSET<br>CENTURY                              | F 109  | 1 <del>7_</del>   | 109<br>CEN                        | 109 SOMERSET F<br>CENTURY VILLAGE<br>WEST PALM BEACH FL 33417 |                                    |   |   | SINIC II III ISONO ININ                                   |  | HEN ANAKKAK AK HEAK                                       |    |
| 2. Principal Place of Business                   |  |   |                                   | 3. Mailing Address  |                                    |   |   |   |  |   |    |
| Suite, Apt. #, etc.                              |  |   | Suite, Apt #, etc.                |   |                                    | 1st M   | OORE  | CR2E037 (10/  | 04)  |   |    |
| City & State                                     |  |   | City & State                      |   |                                    |   | 4. FEI Number   | 9-1652309   |  | Applied For<br>Not Applicab                               | le |
| Zip  | Zip Coun <b>try</b>  |   | Zip                               |   | Col                                | 5. Certificate of   |   |   | Fee Re   | Additional quired   |    |
|  | 6. Name  | and Address of Current  | Register                          | ed Agent  |                                    | Name  | 7. Name and Add   | iress of New Re   | gistered Agent   | · · ·   | _  |
| SCANDIA, TRACEY<br>109 SOMERSET F                |  |   |                                   |   |                                    | Street Address (P.O. Box Number is Not Acceptable)        |   |   |  |   |    |
|  | BEACH FL 33417   |   |                                   |   | <del></del>                        | <del></del>   |   |   |  |   |    |
|  |  |   |                                   |   |                                    | City  | <u> </u>  |   | FL Zip   | Code  | _  |
|  | e named entity<br>itions of registr<br>density of registrations | u Scandin   | <u>.</u>                          |   |                                    | ed office or register                                     | · · · · · · · · · · · · · · · · · · ·   | the State of Flor   | ida. I am familiar<br>21/25<br>bate                              | with, and accep   | )t |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005   |  |   |                                   | 9. Election Car<br>Trust Fund C                               | , .                                |   | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State |   |  |   |    |
| 10,  |  | OFFICERS AND DI   | RECTORS                           |   | 11.                                |   | ADDITIONS/CHANG   | ES TO OFFICER   | S AND DIRECTO  | RS IN 10  |    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ADLER, PH<br>103 SOME<br>WEST PAL  |   |                                   | ☐ Delete  |                                    |   | 01/2  | J00000194<br>26/05-800                                    | □ cha<br>826<br>04-001 61.                                       | • —   | n  |
| NAME<br>STREET ADDRESS<br>CITY - ST- ZIP         | FORAN, A.<br>102 SOMER<br>WEST PALI  |   |                                   | Delete  | 1                                  | 1   |   |   | Cha  | inge 🗌 Additio  | n  |
| NAME<br>STREET ADDRESS<br>CITY ST-ZIP            |  |   | · · · · · · · · · · · · · · · · · | ☐ Delete  |                                    | 1   |   |   | ☐ Cha  | inge 🗌 Additio  | חי |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST-ZIP | <u> </u>   |   |                                   | ☐ Delete  |                                    |   |   |   | □ Cha  | nge 🔲 Additio   | ın |
| HILL<br>NAME<br>STREET ADDRESS<br>CITY-ST ZIP    | l  |   |                                   | ☐ Delete  |                                    | 1   |   |   | □ Cha  | nge 🗌 Additio   | ก  |
| HILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | 107 SOME   | I, ELEANOR<br>RSET F<br>M BEACH FL 33417  |                                   | ☐ Delete  |                                    | ŀ   |   |   | □ Cha  | nge 🗌 Additio   | n  |
| of the cor                                       | poration or the  | information supplied with<br>or supplemental report is<br>e receiver or trustee empo<br>chment with an address. | wered to                          | execute this report   | the exer<br>ly signat<br>as requir | nption stated in Seure shall have the seed by Chapter 617 | ction 119.07(3)(I), Flo<br>same legal effect as i<br>, Florida Statutes, an   | orida Statutes. I if<br>f made under oa<br>d that my пате | further certify that<br>ath, that I am an of<br>appears in Block | the information<br>ficer or director<br>10 or Block 11 if | f  |

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