2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State 02-13-2008 90024 045 ****61.25

Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	1. Entity Nam	ne	#743182 ONDOMINIUM	ASSOCIA	TION, INC.			N. Company	02-13-2000	90024 ()+J	01.23
Suitio, Apl. #. 960. Suitio, Apl. #. 960. Suition	37 COVENTRY B 240 WEST PALM BEACH, FL 33417 C/O				400 CENTREPARK W. DRIVE /O SEACREST SERVICES, INC.							
City & State Country Country Country Sp. Count	2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mail	ling Address				Parties and the second			
Signature Sign	Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			01232008	Chg-NP	CR2E0	37 (12/06	3)
S. Name and Address of Current Registered Agent LUBERTO, PATRICIA 37 COVENTRY B WEST PALM BEACH, FL 33417 City	City & State C				Dity & State			4. FEI Numbe 59-1648	065		— i	Applied For Not Applicable
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip Country Zi			p Country			5. Certificate	of Status Desired		\$8.75 A	Additional ijçed	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable states of Rorida agent and the purpose of changing its registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable states of Rorida agent and the purpose of changing its registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable states of Rorida agent and the purpose of changing its registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida. Turn familiar with, and acceptable to registered agent, or both, in the State of Rorida Department of State and acceptable to registered agent, or both, in the State of Rorida Department of State and acceptable to registered agent, or both, in the State of Rorida Department of State and acceptable to registered agent, or both, in the State of Rorida Department of State and acceptable to registered agent, or both, in the State of Rorida Department of State and acceptable to registered agent, or both, in the State of Rorida Department of State and acceptable to registered agent, or		6. Name	and Address of Cur	rent Registere	d Agent		Name	7. Name and	Address of New F	Registered	Agent	. ,
### City FL Zip Code 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 accent the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. ### Signature Signature, hoods or order name of registered agent and the Passkable (NOTE, Registered Agent signature required when remaining) DATE ### DATE Date by May 1, 2008 Signature, hoods or order name of registered agent and the Passkable (NOTE, Registered Agent signature required when remaining) DATE ### DATE Date by May 1, 2008 Signature required when remaining DATE ### DATE DATE DATE DATE DATE ### DATE DATE D			IA					s (P.O. Box Numbe	r is Not Acceptabl	e)		
E. 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 accellente obligations of registered agent. SIGNATURE Signature, trood or printed name of registered agent and little applicable. (NOTE, Registered Agent applicable required when remaining) DATE	WEST PAI	LM BEAC	H, FL 33417									
SIGNATURE Signature. Speed or printed name of registered agent and life 4 abokazable (MOTE: Registered Agent agridure required when remaining S\$.00 May Be Make check payable to Florida Department of State							City			FL	Zip C	ode
Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees \$5.00 May Be Added to	the obligat			ent for the purp	ose of changing its	registere	ed office or regis	tered agent, or boti	n, in the State of Fl	orida. I am	familiar wi	th, and accept
10.	OIGHANOIL .	Clanders bened										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		Signature, typeu	for printed name of registered	agent and title it app	wicable. (NOTE	Registere	d Agent signature requi	ired when reinstating)		DATE		
NAME SIREET ADDRESS CITY-ST-ZIP VINTERS, CHARLOTTE 30 COVENTRY B VINTERS, CHARLOTTE 30 COVENTRY B VINEST PALM BEACH, FL 33417 ITILE DP DP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP VIEST PALM BEACH, FL 33417 ITILE DT TIBURZI, CAROLYN 34 COVENTRY B VIEST PALM BEACH, FL 33417 ITILE NAME SIREET ADDRESS CITY-ST-ZIP ITILE SIREET	• • • • • • • • • • • • • • • • • • • •	Filing Fe	e is \$61.25	agent and title it app	9. Election Carr	npaign F	inancing	\$5.00 May Be		Make chec		
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DS WINTERS 30 COVE WEST PA DP LUBERTO 37 COVE WEST PA DT TIBURZI, 34 COVE	OFFICERS AND OFFIC	D DIRECTORS 3417	9. Election Cam Trust Fund C	TITLE NAM STREE CITY	E E E E E E E E E E E E E E E E E E E	\$5.00 May Be Added to Fees	Flo	flake chec	rtment of IRECTORS Chang Chang Chang	State IN 10 pe Addition ge Addition Ge Addition Addition

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.