FILED May 01, 2006 8:00 am Secretary of State

2006	NOT	-FOR-I	PROF	IT CO	RPO	RATION
		ANNU	JAL R	EPOR	RT	

NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CÈNTER, FL 33573 TITLE NAME DEFEVER, CHARLES STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 Delete NAME STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE SD LEWANDOWSKI, ED STREET ADDRESS STREET ADD	1. Entity Name	MENT # 749712 Ster e condominium as:		05-01-2006	6 90319 023	****61.	25		
Suite, Apt. #, etc. City & State City & State City & State City & State A FEI Number	1701-B RICKENBACKER DRIVE 1701-B RICKENBACKER DR					ቸስባነን	, • -		
City & State Country	2. Principal P	lace of Business	3. Mailing Address						
Signature Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (1	1/05)	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R. DE FURIO, P.A. 201 E KENNEDY BLVD. STE 1460 TAMPA, FL 33602 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 account the obligations of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. Adde to Fees	City & State C		City & State	City & State				\vdash	
Name	Zip	Country	Zip	Country		5 Certificate of Status Desired \$8.75 Additional			
Sireet 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 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 acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar wi		6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New	Registered Agen	t	
TAMPA, FL 33602 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 accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate of Florida Pearliar with, and accelerate of Florida. I am familiar w	LAW OFFICES OF JAMES R. DE FURIO, P.A.				ddrass (P.O. Boy Numb	er is Not Accentab	(ماد		
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 accelerate the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title displacable (NOTE: Registered Agent spruture required when remissions) DATE	STE 1460			38667	adiess (r.O. Dox Num.	el la Not Acceptad			
The obligations of registered agent. SIGNATURE Signature, typed or gished name of registered agent and title if applicable.	TAMPA, FL 33002			City			FL	Zip Code	
Filing Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME VENEZIANO, BERNICE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE PD MAME DEFEVER, CHARLES STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE VD Delete TITLE NAME DEFEVER, CHARLES STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE VD Delete TITLE NAME DEFEVER, CHARLES STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE DELET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE SUN CITY CENTER, FL 33573 TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE SUN CITY CE			ne purpose of changing its re	gistered office o	r registered agent, or bo	oth, in the State of F	Florida. I am famili	iar with, an	d accept
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIILE TD	SIGNATURE .	Signature, typed or printed name of registered agent and	title d applicable. (NOTE: F	Regislered Agent signa	ture required when reinstaling)		DATE	<u></u>	
TITLE NAME VENEZIANO, BERNICE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS	Due by May 1, 2006 Trust Fur			-		J6			:e
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TITLE PD Delete TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	VENEZIANO, BERNICE 2240 GREENWICH DR	DA , Detete	NAME STREET ADDRESS	Veneziano,	Bennice wich Dr nter. FL 3	•	Change	Addition
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NAME LEWANDOWSKI, ED NAME STREET ADDRESS 2238 GREENWICH DR STREET ADDRESS	NAME STREET ADDRESS	FERRY, EDWARD 2208 GREENWICH DRIVE	☐ Delete	NAME STREET ADDRESS				Change	☐ Addition
GON CITT CENTER, FE 33373 WITHOUT	NAME	LEWANDOWSKI, ED	Delete	NAME				Change	☐ Addition
IIILE D Delete IIILE CHANGE Addition NAME GILLESPIE, CLARK NAME STREET ADDRESS 2218 GREENWICH DR STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP	7174 C		☐ Detete	NAME				Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP 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 of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certified in Chapter 119, Florida Statutes. I further certified in Chapter 119, Florida Statutes.	NAME STREET ADDRESS	2218 GREENWICH DR							