2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #753946 FINDERS MEDITION #753946	ASSOCIATION, INC.					04-24-2008			:5	
Principal Plac 3509 BELL S VALRICO, FL	Mailing Address 3509 BELL SHOALS RO VALRICO, FL 33596	AD US	• • • • • •			8 N 8 N 8 N 8 N 8 N 8 N 8 N 8 N 8 N 8 N		1811 SIZIK BIBTI BIB	181 3 1 11 10 2 1		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04212008	Chg-NP	CR2E	37 (12/06)		
City & State		City & State			4	59-2586	385			oplied For of Applicable	
Žip	Country	Zip	Cour	Country		5. Certificate	of Status Desired	a 🗆	\$8.75 Add Fee Require		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	nt Registered Agent			7	. Name and	Address of Nev	v Registered	Agent		
WILSON, DERRY E 3509 BELL SHOALS ROAD VALRICO, FL 33596				Name Street Ac	ame treet Address (P.O. Box Number is Not Acceptable)						
	%.		-	City				F	L Zip Cod	e	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	d office or	registered	agent, or both	n, in the State of	Florida. I an	n familiar with,	and accept	
SIGNATURE .	74	·									
	Signature, type or printed name of registered age	int and title if applicable. (NOTE	: Registered	Agent signatu	orw berluper eru	en reinstating)		DATE			
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Fi	nancing	\$:	5.00 May Be		Make che	ck payable to		
10.	Filling Fee is \$61.25	9. Election Can Trust Fund C	npaign Fi	nancing	□ \$:	5.00 May Be		Make che lorida Depa	ertment of Si	tate	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> H2108</u>

813 681 2051

Daytime Phone ∉