## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # 759056  1. Entity Name NEEDLE RUSH POINT OWNERS ASSOCIATION, INC.					04-23-2007 90044 049 ****61.25					
17119 PERDIDO KEY DRIVE 171		Mailing Address 17119 PERDIDO KEY I PENSACOLA, FL 3250				•.				
Principal Place of Business - No P.O. Box # 3. M.		3. Mailing Address	lailing Address			IRAN <b>Bendara</b> in				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04092007 <sub>CI</sub>	ng-NP	CR2E03	7 (12/06)		
City & State		City & State	City & State		4. FEI Number 59-215039	5			phied For	
Zip	Gountry	Zip	Country	у	5. Certificate of St			8.75 Add	litional	
•	6. Name and Address of Current	Registered Agent	1		7. Name and Add	ress of New R		ee Required		
WATERS, DEBORAH M			A	Name						
6200 DON	CARLOS DR DLA, FL 32507		Street Address (			(P.O. Box Number is Not Acceptable)				
	4									
			C	City			FL	Zip Code	е	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	s registered o	office or registe	red agent, or both, in	the State of Flo	orida. I am f	amiliar with,	and accept	
	Sianatura transfer in the same of the same	- 449-4								
<del></del>	Signature, typed or printed name of registered agent			ent signature requires			DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car		ncing _	\$5.00 May Be Added to Fees		DATE  Jake check  fda Depart			
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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 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:

TERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #