2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2007 8:00 am

		_ Sec	Secretary of State				
1. Entity Name	MENT # N00000000 PARK OWNER'S ASSOCIA			•	10 014 ****61.2		
Principal Place (450 S. ORANG ORLANDO, FL	E AVENUE	Mailing Address P.O. BOX 4920 ORLANDO, FL 32802		. I (CET) (CE (CET) (CE	18 511 48 111 88 111 88 111 8		
4630 WOO	ice of Business - No P.O. Box #	3. Mailing Address 4630 Woodland C	rp. Blvd.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072007 C	hg-NP (CR2E037 (12/06)	
City & State	pa, FL	City & State Tampa, F	L	4. FEI Number 59-368678	31	 	plied For t Applicable
Zip 3361	Country USA	Zip 336 (4	Country USA	5. Certificate of Si	tatus Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
BOURNE, ROBERT'A			Name CORPORATION SERVICE COMPANY				
450 S. ORANGE AVENUE ORLANDO, FL 32801			Street Add	tress (P.O. Box Number is	TREET		
City TALLAHASSEE FL 32301-2525							
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 accept the obligations of registered agent.							
My / 2 / My was 1-ol S-o 3/m/24 diactor							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature when reinstating) DATE DATE							director
	Signature, typed or printed name of registered agent is				<u>>er.</u>	3/14/0/	Gation
s		and little if applicable. (NOTE: I	Registered Agent signative	quired when reinstating)	Mak	Se check payable to	- cation
s	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2007		Registered Agent signative	\$5.00 May Be	Mak	DATE L	- cation
10.	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	Registered Agent signature paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Mak Florida	a Department of SI	o tate
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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 adachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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