## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 14, 2007 8:00 am Secretary of State

DOCUMENT # N0100005483 SECRET DOND P.U.D. HOMEOWNERS ASSOCIATION, SECRET DOND P.U.D. HOMEOWNERS ASSOCIATION, Processor Rever of Systems CON AN MANAGEMENT INC. BASE OF SYSTEMS BOCK ARTOLY R. 1947  2 Account from the State of Systems BOCK ARTOLY R. 1947  2 Account from the State of S	1-	ANNUAL RE				cictury or so		
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S. Name and Address of Current Registered Agent  A + N MANASEMENT 6413 CONGRESS AVENUE 220 BOCA RATON L 33487  B. The above named entry subcrits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  B. The above named entry subcrits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  B. The above named entry subcrits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  B. The above name and Address of Note of Plance agent and the state of Florida. I a	O4232007 Chg-NP CR2E037 (12/06)							
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent agent of registered agent.  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.  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.  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.  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.  9. Election Campaign Financing	Ant CA	ROLLON TO BO	ASta Pa-1	n, 71	FEI Number     59-3745097	,   <del></del>	`	
8. Name and Address of Current Registered Agent A + N MANASEMENT 6413 CONGRESS AVENUE 220 BCCA RATOLYFL 33487  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   am territar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Spiniture   Spinitur	タカム		187			tus Desired    \$8.75 Add	itional	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamilian with, and accept the obligations of registered agent.    SIGNATURE     Signature, largest or period name of required agent and sinal applicable   (NOTE Surgering Agent agreature required agent, or both, in the State of Florida. I am hamilian with, and accept the obligations of registered agent.    SIGNATURE   Signature, largest or period name of required agent	6413 CONGRESS AVENUE 220  BOCA RATONNEL 33487  Greet Address (P.D. Box Number)'s Notificer's Notificer							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida   am familiar with, and accept the obligations of registered agent.    SIGNATURE	SMIR #308.							
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Signature. Inpact or puried rame of regreemed agent and bits of appointable and processing.   INOTE Programmed Agent signature required when remaining.   S. 50.00 May Be Added to Fees   Make check payable to Florida Department of State	and the general to registered again.							
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of the corporation of the rectaiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in block 10 or slock 11 if	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HOSFORD, JOHN 7104 NW 48TH LANE	□ Delete □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition	