2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 08:00 A Secretary of State

ANNUAL REPORT					Mar 23, 2007 08:0				
1. Entity Nam CONCER	MENT # N030000079 RNED CITIZENS OF SOUTH WNERS ASSOCIATION, INC	BEACH				S	ecre	tary of St	
116 SOUTH	ce of Business BEACH DRIVE NE, FL 32084	Mailing Address 116 SOUTH BEACH DRIVE —ST AUGUSTINE, FL 32084			- 		 [] [] [] [] [] [] [] [] [] [] [] [] [] [] []		
	OO NOT WRITE		CE	-	03122007 4. FEI Numbe 26-007	No Chg-NP		E037 (4/06) Applied For Not Applicable \$8.75 Additional Fee Required	
DAVIES, MARY A 116 SOUTH BEACH DRIVE ST AUGUSTINE, FL 32084						NOT W	*		
8. The above the obligat SIGNATURE	e named entity submits this statement for the tions of registered agent. Manual Committee of registered agent and Signature, typed or printed name of registered agent and				. <u> </u>	h, in the State of Flo	orida. I am	familiar with, and accept	
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Fina Trust Fund Contribution					0 May 8e I to Fees			-	
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DP DAVIES, MARY A 116 S BEACH DR ST AUGUSTINE, FL 32084 DST HOLLAND, LARRY 104 S BEACH DR ST AUGUSTINE, FL 32084	RECTORS	1			U0000006 03/30/07-9 NOT W	/RIT	E	
TITLE									

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: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #