2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State
02-15-2008 90005 004 ****61.25

DOCUMENT # N22123

1. Entity Name
THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 FRONT STREET SUITE 103 KEY WEST, FL 33040 US	201 FRONT STREET SUITE 103 KEY WEST, FL 33040 US

02072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0069401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STERLING, CHRISTIAN 201 FRONT STREET SUITE 103 KEY WEST, FL 33040	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ STERLING CHRISTIAN 2/11/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BAUMANN, REBECCA 7916 MADISON PARK LANE RALEIGH, NC 27615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Metty, AL 2511 South State Street Ann Arbor, MI 48104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BERRY, HAROLD 5331 TEAKWOOD CIR. ERIE, PA 16506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Porter, Steve 375 Roslyn Road Winston-Salem, NC	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D TUKEY, TOM 58 FRONT ST. KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rumrell, Rick 24 Cathedral Place St. Augustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERIO, FRANK 907 S. SCHULZ RD FENWICK ISLAND, DE 19944	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HALL, JIM 208 53RD ST VIRGINIA BEACH, VA 23451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRECHETTE, BOB 330 CAROLINE ST. KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 2/11/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #