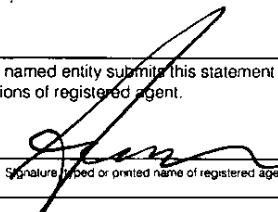
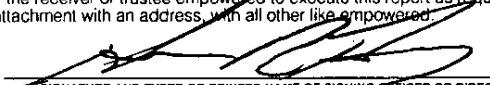


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 201 FRONT STREET SUITE 103 KEY WEST, FL 33040 US			Mailing Address 201 FRONT STREET SUITE 103 KEY WEST, FL 33040 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0069401	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STERLING, CHRISTIAN 201 FRONT STREET SUITE 103 KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  STERLING CHRISTIAN Signature typed or printed name of registered agent and title if applicable.		DATE 2/11/2008 (NOTE: Registered Agent signature required when reinstating)		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	☐ 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	☐ 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	☐ 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: 				DATE 2/11/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	