## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2008 8:00 am Secretary of State

ייססתו	<del>" '                                   </del>			Secretary of State
1. Entity Nam	MENT # N29568 REEK COMMUNITY ASSO	CIATION, INC.		04-11-2008 90032 026 ****61.25
C/O ADVANC	ce of Business ED MGMT INC OF SW FLORIDA CENTER PARKWAY I, FL 34203	Mailing Address C/O ADVANCED MGMT IN 9031 TOWN CENTER PAR BRADENTON, FL 34203	rkway	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01292008 Chg-NP CR2E037 (12/06)
City & Stat	e	City & State		4. FEI Number Applied For 65-0104143 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
ADVANCED MANAGEMENT OF SW FLORIDA INC 9031 TOWN CENTER PKWY SUITE #107		Street Add	dress (P.O. Box Number is Not Acceptable)	
	ON, FL 34203			
			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: F	Registered Agent signature	e required when reinstating) OATE
	<del></del>			
•	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co.	· · -	\$5.00 May Be Added to Fees Florida Department of State
10.		Trust Fund Co.	ntribution.	Added to Fees Forda Department of State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Co.	11. TITLE NAME STREET ADDRESS	Added to Fees Forda Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  1565 Dear Creek Blud.
TITLE NAME STREET ADDRESS	OFFICERS AND DI VPD TISCH, HOWARD 4704 WHILE TAIL LN.	Trust Fund Co.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees Fortda Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI VPD TISCH, HOWARD 4704 WHILE TAIL LN. SARASOTA, FL 34238 PD PASCOE, HOWARD 8335 SHADOW PINE WAY	Trust Fund Co. RECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees Fortda Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Addition  ACK SULLIVAN  ACK SULLIVAN  ACK BLUCK  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DI  VPD TISCH, HOWARD 4704 WHILE TAIL LN. SARASOTA, FL 34238  PD PASCOE, HOWARD 8335 SHADOW PINE WAY SARASOTA, FL 34238  TD FREY, THOMAS 4739 WHILE TAIL LANE	Trust Fund Co.  RECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees   Florida Department of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI VPD TISCH, HOWARD 4704 WHILE TAIL LN. SARASOTA, FL 34238 PD PASCOE, HOWARD 8335 SHADOW PINE WAY SARASOTA, FL 34238 TD FREY, THOMAS 4739 WHILE TAIL LANE SARASOTA, FL 34238 D MENTZ, PHIL 8683 WOODBRIAR DR.	Trust Fund Co.  RECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees Forda Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  1565 Dear Creek Blud.  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: John S. Sullivan White OF SIGNING OFFICER OR DIRECTOR

3/15/08 941-911-9368 Datime Phone #