2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45600

FILED Feb 12, 2007 8:00 am Secretary of State

02-12-2007 90089 033 ****61.25

1. Entity Nam 4999 PAF		COMMUNITY ASS	OCIATION, INC	D .				511 2 5
Principal Place of Business 1774 HAMMOCK DRIVE AMELIA ISLAND, FL 32034-5609 US			Mailing Address 1774 HAMMOO AMELIA ISLAND		09 US	40014392		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Addres	38				
Suite, Apt.	#, etc.	<u>.</u>	Suite, Apt. #,	etc.		02072007 Chg-NP	CR2E037 (12/	06)
City & State	e		City & State			4. FEI Number 59-3082716		Applied For
Zip Country		Zip Count		ıntry	Certificate of Status Desired	\$8.75 Fee Re	Not Applicable Additional	
	6. Name	and Address of Current	t Registered Agent		1	7. Name and Address of New		40000
					Name			
SCOTT, EI	MOCK DE	RIVE L 32034-5609			Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
AIVIELIA 10	icano, Fi	1 32034-3009						
					City		FL Zp	Code
	ions of regis	tered agent.	<u> </u>			istered agent, or both, in the State of	DATE	
	agamae, i, pou	or printed name of registered agen	к али ткие и аррикасие.	(NOTE: Hegistere	id Agent signature re	quired when reinstating)	UATE	
	Filing Fe	ne is \$61.25 May 1, 2007	9. Elec	ction Campaign F	inancing _	\$5.00 May Be	Make check payal lorida Department	
10.	Filing Fe	re is \$61.25	9. Elec Trus	ction Campaign F	inancing	\$5.00 May Be	Make check paya lorida Department	of State
10.	Filing Fe Due by N	ee is \$61.25 May 1, 2007 OFFICERS AND D	9. Elec Trus	ction Campaign F st Fund Contribut	inancing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICE	Make check payal lorida Department CERS AND DIRECTO	of State RS IN 10
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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:	ERIS W. SCOTT ENS W. Scott	2/8/07 Date	9044910212 Daytime Phone #
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