


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000004315
 1. Entity Name
ARMOUR MANGR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **479 TEQUESTA DR UNIT 8 TEQUESTA, FL 33469 US**
 Mailing Address: **479 TEQUESTA DR UNIT 8 TEQUESTA, FL 33469 US**

DO NOT WRITE IN THIS SPACE



03152008 No Chg-NP CR2E037 (4/08)

4. FEI Number: **65-0649100** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent:
JONES, DAVID
479 TEQUESTA DRIVE #8
TEQUESTA, FL 33469

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, DAVID 479 TEQUESTA DRIVE 8 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUSHWAY, BONNIE 479 TEQUESTA DRIVE #7 JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TALOR, CHRISTOPHER 479 TEQUESTA DR., #3 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/13/08-80043-009 \$17.25

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: *David Jones* **4-3-08** **5617434013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #