2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 05, 2006 8:00 am Secretary of State 05-05-2006 90177 039 ****61.25

1. Entity Nam	MENT # N96000000200 NSTER COMMUNITY ASSOCIA	1				40000	116			
Principal Place of Business 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 US		Mailing Address 12734 KENWOOD STE 49 FORT MYERS, FL 33907 US								
2. Principal Pl	lace of Business 3. I	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272006 Chg-NP CR2E037 (4/06)					
City & State		City & State		1	4. FEI Numbe 65-0642			——————————————————————————————————————	oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire		8.75 Add ee Require		
	6. Name and Address of Current Regis	ered Agent		7	7. Name and	Address of Ne	w Registered A	gent		
CHIEL DC	CUDISTOBUED LESO		Name							
1833 HENI	CHRISTOPHER J ESQ. DRY STREET ERS, FL 33901		Street Ac	ddress (P.C	ress (P.O. Box Number is Not Acceptable)					
. •			ŀ							
			City	-		•	FL	Zip Cod	e	
	named entity submits this statement for the pions of registered agent.	urpose of changing its re	egistered office or	registered	agent, or bot	h, in the State o	f Florida. I am fa	amiliar with,	and accept	
SIGNATURE -										
	Signature, typed or printed name of registered agent and title	applicable. (NOTE: F	Registered Agent signatu	are required wh	en reinstating)	-	DATE			
	Signature, typed or printed name of registered agent and title in Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$	en reinstating) 5.00 May Bidded to Fees	e F	Make check Florida Depart			
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	□ \$.	5.00 May B	F	Make check	ment of S	tate	
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution.	□ \$.	5.00 May B	F	Make check forlda Depart	ment of S	tate	
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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:

SIGNATURE AND TYPED OR PRINTED HAME

MARK RUDLAND
SIGNING OFFICER OR DIRECTOR