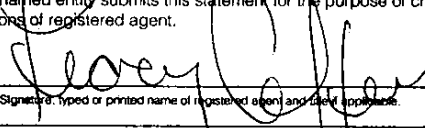
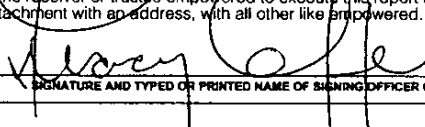


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90086 038 ****61.25

DOCUMENT # N96000004400					
1. Entity Name SOUTH DIXIE ANTIQUE ROW ASSOCIATION, INC.					
Principal Place of Business 3700 SOUTH DIXIE #6 WEST PALM BEACH, FL 33405 US			Mailing Address 3700 SOUTH DIXIE #6 WEST PALM BEACH, FL 33405 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0682424	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COFFEY, TRACY 3700 S DIXIE HWY #6 WEST PALM BEACH, FL 33405			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 4/27/07		
Filing Fee is \$61.25 Due by May 1, 2007			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	D REYES, ALLAN 3632 S. DIXIE HWY WEST PALM BEACH, FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATABE, STEVEN 3717-B S DIXIE HWY. WEST PALM BEACH, FL 33405	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COFFEY, TRACY 3700 S DIXIE HWY # 6 WEST PALM BEACH, FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMAN, ALAN 3707 S DIXIE HWY WEST PALM BEACH, FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 4/27/07 S61 8320803		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		