2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 28, 2008 8:00 am Secretary of State

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DOCUM 1. Entity Name THE RESI ASSOCIA		· • • • • • • • • • • • • • • • • • • •)5-28-200	8 90016	036 ****6	51.25			
Principal Place	of Business	Mailing Address				·.			
6710 EMBAS	SY BLVD	PO BOX 1407	BOX 1407						
204 Port Richey	'. FL 34668 US	PORT RICHEY, FL 34673	RICHEY, FL 34673 US						
TOKT MOTES,	,12 34000 03								
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite, Apt. (#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282008 C	ng-NP	CR2E	037 (12/06)	
City & State	9	City & State	City & State		4. FEI Number 59-342730	15			pplied For
7:-	Country	Zip	Country	59-3427305		\$8.75 Ad	ot Applicable		
Zip	Country	Ι Ζίβ	Country		5. Certificate of S	tatus Desired		Fee Require	
	6. Name and Address of Current F	I	<u> </u>	1	7. Name and Add	tress of New	Registered	d Agent	
			Name						
	VIAK, MARYANN ASSY BLVD		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 204									
PORT RICI	HEY, FL 34668								
			City				F	Zip Coo	i e
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registere	ed agent, or both, in	the State of I			, and accept
			•	•	• .				
และ บบแผิสแ	ions of registered agent.								
are onligati	ions of registered agent.								
SIGNATURE _		and title # emplicable (NOTE: F	Registered Ament signatur	re required	when reinstation3		DATE		
SIGNATURE _	Ons of registered agent. Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatur	re required	when reinstating)	1	DATE		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	paign Financing		when reinstating) \$5.00 May Be Added to Fees	Fi	Make che	ck payable t	
SIGNATURE _	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ntribution.	0	\$5.00 May Be Added to Fees	<u>L</u>	Make che orida Dep	ck payable t artment of S	itate
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #