## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 09, 2006 8:00 am Secretary of State

Principal Place of Business 2838 RINKLING BLVD 2838	1. Entity Nam	MENT # N25005., HOME OWNERS ASSOCI			(	03-09-200	6 90155 O	07 ****(	61.25		
Suite, Apt. #, etc.	2831 RINGLING BLVD 283 #218F #2'		2831 RINGLING BLVD #218F	831 RINGLING BLVD #218F		t 18911181 B18 (1881			41811 <b>418</b> 11 <b>8</b> 16	tii <b>t</b> e ei een	
City & State  Country  Country  Country  Country  Country  Country  S. Certification of Status Desired   Applied For Not Applicable   Set Application   Se	2. Principal Place of Business 3. N		3. Mailing Address	. Mailing Address							
Signature   Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062006 CH	ng-NP	CR2E037	' (11/05)		
Country   Coun	City & State		City & State	City & State			5		— <del>— —</del>	<del></del>	
ALL FLORIDA SERVICES, INC. 2831 RINGLING BLVD #218F SARASOTA, FL 34237  B. The above named entity submits trial statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE    Filing Fee is \$61.25   Due by May 1, 2006	Zip	Country	Zip Count			5. Certificate of Status Desired \$8.75 Additional				ditional	
ALL FLORIDA SERVICES, INC. 2831 RINGUING BLVD 18216F SARASOTA, FL 34237  TITLE  DP LAURIELLO, INDA SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS SIREY ADDRESS OTV-S1-2P SARASOTA, FL 34237  TITLE  DAVIS, DUANE SIREY ADDRESS		6. Name and Address of Current	Registered Agent	1		7. Name and Add	ress of New I			<u> </u>	
Street Address (P.O. Box Number is Not Acceptable)	ALL FLOR	VIDA SERVICES INC		Nam	ө						
SARASOTA, FL 34237  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    Signature, ipped or printed name of registere agent and life if applicable.   INCTE Registered Agent signature required when remotable)   DATE	2831 RINGLING BLVD			Stree	Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyered or printed name of registered agent and little # applicable.   INOTE: Registered Agent signature required when reinstating)						(		•			
SIGNATURE    Filting Fee is \$61.25   9. Election Campaign Financing   \$5.00 May Bo   Make check payable to   Florida Department of State					***.			FL	Zip Cod	е	
Trust Fund Contribution. Added to Fees   Florida Department of State    10.	the obligations of registered agent.  SIGNATURE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP LAURIELLO, LINDA 2831 RINGLING BLVD 218F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP DELET NAME					· – '	_ 40,00 11,112, 00					
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	NAME		☐ Delete	NAME STREET ADDRE	ss				Change	Addition	

of 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.