2006 NOT-FOR-PROFIT CORPORATION

FILED Mar 29, 2006 08:00 AM

ANNUAL REPURI					Secretary of State		
1. Entity Nar	IMENT #762314	ASSOCIATION, INC.			v		
1 TURTLE BEACH ROAD		Mailing Address 1 TURTLE BEACH ROAD VERO BCH, FL 32963					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012006 Chg-NP CRZE037 (11/05)			
City & State		City & State		4. FEI Number 59-215837	- ' 	oplied For	
Zip Country		Zip	Country Country		Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Agent		
		_	Name				
	ARKER E E BEACH ROAD CH., FL 32963	· —-	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Co	de	
					· · · · · · · · · · · · · · · · · · ·	, and accept	
Signature. Hyperd or printed nerms of registered egent and title if applicable (NOTE. Registered A Filting Fee is \$61.25 Due by May 1, 2006 NOTE Registered A First Fund Contribution				\$5.00 May Be Added to Fees	Make check payable Florida Department of		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	N 10	
TITLE NAME STREET AGURESS CITY-ST-ZIP	PD GREENE, DONALD	☐ Crelets	TIRLE NAME STREET ADDRESS CITY-ST-ZIP		10000048345&hang 04/11/06-80122-01	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACDONALD, WILLIAM MRS. 900 BEACH ROAD #183 VERO BEACH, FL 32963	☐ Delote	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	☐ Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANAHAN, RICHARD 1 TURTLE BEACH ROAD VERO BEACH, FL 32963	□ Delete	TIPLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS BARKER, JOHN E. 1 TURTLE BEACH ROAD VERO BEACH, FL	☐ Defete	THILE NAME SIRECT ADDRESS CITY-SI-ZIP		☐ Chango	☐ Addilion	
TITLE NAME STREET AODRESS CITY-ST-ZIP	DP TERNES, PAUL F 900 BEACH RD #285 VERO BCH, FL 32963	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFTWICH, RICHARD 900 BEACH RD #182 VERO BEACH, FL 32963	□ De/ete	TITLE NAME STREET ADDRESS CITY-S1-2IP		☐ Change	☐ Addition	
12. I hereby indicated of the cor	certify that the information supplied with the on this report or supplemental eport is sporation of the second or the second for on an exact with the standard of	this filing does not qualify for true and accurate and that my wered it execute this report a	the exemptions contained y signature shall have the s required by Chapter 61	i in Chapter 119, Flori same legal effect as if 7, Florida Statutes; and	da Statutes. I further certily that the made under cath; that I am an office I that my name appears in Block 10	nformation r or director or Block 11 if	

John E. Barker

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

772-231-1666

Daytime Phone #