2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # N98000004476 1. Entity Name 2900 ASSOCIATION, INC.				04-14-20	008 90060 003	****61.25		
Principal Place 160 SE 29 S FORT LAUDE		33316	-					
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address			1811 1811 ESUS EEU 651	EB EB		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP C	R2E037 (12/06)		
City & State		City & State		4. FEI Number 65-097812	9	} `	plied For t Applicat	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired (\$8.75 Add	itional	
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Regis	<u>`</u>		
MARTIN, RONALD R 140 SE 29TH STREET FORT LAUDERDALE, FL 33316			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
1 (A)			City	FL Zip Code				
SIGNATURE	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008	d title if applicable. (NOTE: F		ired when reinstating) \$5.00 May Be Added to Fees	Make	DATE check payable to Department of St		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS /	AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, RONALD R 140 SE 29 ST FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additi	
NAME STREET ADDRESS CITY-ST-ZIP	VP HAWTHORNE, JEFF 180 S 29TH ST FT. LAUDERDALE, FL 33316	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 S.E. 20	ITH ST	⊡ Change	Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, KEITH 160 S.E. 29TH ST FT LAUDERDALE, FL 33316	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additi	
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TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	☐ Addit	

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LO TURA LON KEITHER PARKER DARRED 2008 954.524-2622