## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #702817** 1. Entity Name COMMUNITY COMMUNICATIONS, INC.

**FILED** Mar 30, 2007 8:00 am **Secretary of State** 

03-30-2007 90131 023 \*\*\*\*61.25

Principal Place of Business 11510 EAST COLONIAL DRIVE ORLANDO, FL 32817-4699 US		Mailing Address 11510 EAST COLONIAL DRIVE ORLANDO, FL 32817-4699 US		3.4	<u>.</u> -			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				BIBII BIBII BIBII BIBII BI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-6155	012	<del>  </del>	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	f Status Desired	S8.75 Ad		
	6. Name and Address of Current I	Registered Agent		7. Name and A	Address of New Re	egistered Agent		
EA IARDO	IOSE!		Name	-				
FAJARDO, JOSE' 11510 EAST COLONIAL DRIVE ORLANDO, FL 32817-4699			Street Address		s (P.O. Box Number is Not Acceptable)			
ONDANDO	7,1 E 02017-4005							
			City			FL Zip Cod	ie	
	named entity submits this statement for	the purpose of changing its	registered office or	registered agent, or both	, in the State of Flo	rida. I am familiar with	, and accept	
the obligat	ions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signal	re required when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTORS I	N 10	
TITLE	CD	<b>⊠</b> Delete	TITLE	00		☐ Change	Addition	
NAME STREET ADDRESS	SABOL, JOY BARRETT  11510 EAST COLONIAL DRIVE			CD	・ ヘ・ ホマナビ			
B			NAME STREET ADDRESS	WILLIAM E SI		_ stange		
CITY-ST-ZIP	ORLANDO, FL 328174699		NAME STREET ADDRESS CITY-ST-ZIP		MIAL DR			
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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.

INTED NAME OF BIGNING OFFICER OR DIRECTOR

ALDO VIVONA 3/23/07 407-273-2300