2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 8:00 am Secretary of State **DOCUMENT # 703484** 1. Entity Name 02-15-2008 90012 009 ****61.25 FLORALTON BEACH ASSOCIATION, INC. Principal Place of Business Mailing Address C/O MRS. SAM BELL 890 REEF ROAD C/O MRS. SAM BELL 890 REEF ROAD VERO BCH FL 32963 VERO BCH FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2388522 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, SAM Street Address (P.O. Box Number is Not Acceptable) 890 REEF RD. VERO BEACH FL 32963 City Zio Code 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 Fiorioa. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE www. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THILE Delete TITLE ☐ Change Addition CORBIN, ALAN NAME NAME 896 LIVE OAK LANE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE DT Delete TITLE Addition BELL, SUSAN HAME MARKE 890 REEF ROAD STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME AITKEN, SUSAN NAME STREET ADDRESS 755 LIVE OAK LN STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAIZE NAME STREET ADDRESS STREET ACCIPESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOTLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 attackment with an address, with all other like empowered.

SIGNATURE:

| Signature | S

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information