2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #70575 Ane associatio						05-0	JS-2008 902	:62 027 ****	***61.25	
Principal Plac 5618 LAKES LAKE WALES	ide dr	5618	Address LAKESIDE DR WALES, FL 3389	98			100976	25:21 27:11 10:25: 2 :11	il S eri Giri l Gir il	Ciril Birli Ciril Al	Militi di Idal
2. Principal P	Mace of Business - No P.O.	Box # 3. Maili	3. Mailing Address								
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				05032008	Chg-NP	CR2E	037 (12/06)	
City & State		City	City & State			1	4. FEI Numbe 59-108			11	oplied For ot Applicable
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desire	»d 🗀	\$8.75 Add	
	6. Name and Address	of Current Registered	d Agent			7	7. Name and	Address of Ne	w Registere	1 Agent	
5618 LAKE	D CURREY ESIDE DR LES, FL 33898				Name Street Ac	ddress (P.0	D. Box Numbe	er is Not Accept	able)		· · · · · · · · · · · · · · · · · · ·
					City			, ,	F	Zip Cod	le
	named entity submits this stions of registered agent.	statement for the purpo	se of changing its	s register	ed office or	registered	agent, or bot	th, in the State o	f Florida. I ar	n familiar with,	and accept
SIGNATURE .											
	Signature, typed or printed name of re	egistered agent and title if appli	cable. (NOT	TE: Registere	d Agent signatu	ure required wh	en reinstating)		DATE		
D	Signature, typed or printed name of re Filling Fee Is \$61.25 ue by September 12	;	9. Election Ca Trust Fund	mpaign F	inancing		en reinstating) 5.00 May B		Make che	ck payable t	
10.	Filing Fee Is \$61.25 ue by September 12	;	9. Election Ca	mpaign F	inancing	□ \$	5.00 May B	F	Make che Florida Dep	ck payable t artment of S	tate
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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.

D CURREY PRITIC TOFACIOFO KILLING NZ. 4224590