2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #713714



FILED Apr 19, 2007 8:00 am Secretary of State

	AY HOUSE CONDOMINIU						
Principal Plac 5530 N. OCE OCEAN RIDG	EAN BLVD.	Mailing Address 5530 N. OCEAN BLVD. OCEAN RIDGE, FL 3343	35) 1838) filik bisk sirk sirk sirk s		
2. Principal P	Place of Business - No P.O. Box#	3. Mailing Address C/O MaNAGEM	ENT Servic	es			
50		Suite, Apt. #, etc.	011 N. Ocean Blvd.		03012007 Chg-NP CR2E037 (12/06)		
City & Stat	е	Ocean Ridge	, FL 33435	4. FEI Number 59-1284788			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Statu		3.75 Addi e Required	
	6. Name and Address of Current	Registered Agent	None	7. Name and Addres	ss of New Registered Age	ent	
AASKOV.	GAIL ADAMS		Name				ł
% MANAG 5011 N. O	SEMENT SERVICES OF P.B. CEAN BLVD.		Street Addres	ss (P.O. Box Number is Not	t Acceptable)		
OCEAN R	IDGE, FL 33435		City	 	FL	Zip Code	,
8. The above	named entity submits this statement for	r the purpose of changing its	reaistered office or reai	stered agent, or both, in the		niliar with.	and accept
	tions of registered agent.	6 6		,			
	• •						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature req	uired 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 Horida Department of State		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	CTORS IN	
NAME STREET ADDRESS	DP KALLENBACH, DALE 5530 N. OCEAN BLVD #303	☐ Delete	STREET ADDRESS 5	ries, Alfrec 530 N. Ocear	d n Blvd.] Change	■ Addition
CITY-ST-ZIP	OCEAN RIDGE, FL 33435			cean Ridge,	FT. 33435		
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CITY_ST_7IP	5530 N.OCEAN BLVD		NAME STREET ADDRESS	<i>5 7</i>] Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS	OCEAN RIDGE, FL 33435 DS THOMAS, MARIA 5530 N OCEAN BLVD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change Change	Addition
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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 attachment with an address, with all other like-ampowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: