
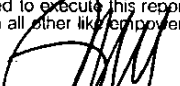


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90034 028 \*\*\*\*61.25

<b>DOCUMENT # 716531</b> 1. Entity Name <b>THREE THOUSAND SOUTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>3000 S. OCEAN BLVD BOCA RATON FL 33432 US</b>				Mailing Address <b>3000 S. OCEAN BLVD BOCA RATON FL 33432 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number <b>59-1308868</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SMITH, GILLESPIE &amp; ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY SUITE #300 BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DELANEY, JOSEPHINE 3000 S OCEAN BLVD #702 BOCA RATON FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V. PRESIDENT HANFLING, GENE 3000 S. OCEAN BLVD #1402 BOCA RATON, FL. 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCCAFFERTY, PHILLIP 3000 S. OCEAN BLVD. BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECRETARY EVANS, DOUGLAS 3000 S. OCEAN BLVD #703 BOCA RATON FL. 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T NYE, ROGER 3000 S OCEAN BLVD, #1503 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREASURER DELANEY, HARRY 3000 S. OCEAN BLVD #702 BOCA RATON FL. 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RUSSELLE, HARRY 3000 S OCEAN BLVD #705 BOCA RATON FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HANFLING, GENE 3000 S OCEAN BLVD, #1402 BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRODKIN, RONALD 3000 S. OCEAN BLVD. BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b>  <b>PHILLIP MCCAFFERTY</b> 4/5/07 561-392-4113					