2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 716799

1. Entity Name
ARCHIPELAGO COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1 MINDORO ST STUART, FL 34996-1302 US	1 MINDORO ST STUART, FL 34996-1302 US

07112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2423084
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASSEY, RICHARD R
1 MINDORO ST
STUART, FL 34996-1302

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KISSLING, CYRUS
STREET ADDRESS	4 MINDORO STREET
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	KINKARD, JAMES E
STREET ADDRESS	5 TIMOR STREET
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	ZYGMUN, LEON
STREET ADDRESS	18 SIMORA STREET
CITY-ST-ZIP	STUART, FL 34996
TITLE	SD
NAME	POPE, JOEL
STREET ADDRESS	124 S SEWELLS POINT RD
CITY-ST-ZIP	STUART, FL 34996
TITLE	VP
NAME	SEA, WALTER
STREET ADDRESS	6 MINDORA STREET
CITY-ST-ZIP	STUART, FL 34996
TITLE	TD
NAME	MASSEY, RICHARD
STREET ADDRESS	1 MINDORO ST
CITY-ST-ZIP	STUART, FL 34996

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07/16/07-80007-006 61.25

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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.

SIGNATURE: /Richard R Massey/ - Richard R Massey 7/11/07 717-891-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #