2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #716799

1. Entity Name

ARCHIPELAGO COMMUNITY ASSOCIATION, INC.



FILED Mar 26, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1 MINDORO ST

STUART, FL 34996-1302 US

1 MINDORO ST

STUART, FL 34996-1302 US



DO NOT WRITE IN THIS SPACE

01222008 No Chg-NP

CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			*****	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISSLING, CYRUS 4 MINDORO STREET STUART, FL 34996				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINKARD, JAMES E 5 TIMOR STREET STUART, FL 34996				U00000870671 04/09/08-80101-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZYGMUN, LEON 18 SIMORA STREET STUART, FL 34996		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPE, JOEL 124 S SEWELLS POINT RD STUART, FL 34996		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEA, WALTER 6 MINDORA STREET STUART, FL 34996		٠		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASSEY, RICHARD 1:MINDORO ST STUART, FL 34996				

12. I hereby certify that the information supplied with this filling 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:

MATIES AND TYPED OF BUILDED HAME OF SIGNING OFFICER OF DIDECT

3/24/08

772-220-4928

Daytime Phone 6