2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 07, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # 718161 E PARK CONDOMINIUM, II		04-07-2008 :	90055 029 ****6	51.25		
Principal Place of Business Mailing Address 251 WINDWARD PASSAGE 251 WINDWAR SUITE F CLEARWATER, FL 33767 US CLEARWATER,				. ;		ALEN ALEN ELAN BIAN ALEN AL	
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112008 C	hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-13822	77	─	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New R	egistered Agent	
JIM NABLES MANAGEMENT, INC. 251 WINDWARD PASSAGE, SUITE F CLEARWATER, FL 33767			Name Street Ad	ldress (P.O. Box Number is	Not Acceptable)	
			City			FL Zip Coo	de
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	is registered office or	registered agent, or both, in	the State of Flo	rida. I am familiar with	, and accept
SIGNATURE.							
1	Classical based on sixted area of control of the	and the danatasmin (MC	NTC Desistant Asset section			DATE	
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatur	re required when reinstating)		DATE	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Ca	ampaign Financing	\$5.00 May Be Added to Fees		DATE ake check payable da Department of S	
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable	State
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of S	State
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI PD ENTWISTLE, MARY	9. Election Ca Trust Fund RECTORS	ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANC	Flori	ake check payable ida Department of S RS AND DIRECTORS II Change	N 10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI PD ENTWISTLE, MARY 1303 SOUTH HERCULES #34	9. Election Ce Trust Fund RECTORS Delete	ampaign Financing Contribution. [11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANCE TID Michael Hack 1303 S. Hercu	Flori GES TO OFFICER	ake check payable ida Department of S	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI PD ENTWISTLE, MARY 1303 SOUTH HERCULES #34 CLEARWATER, FL 33764 SD HACKWORTH, MICHAEL 1303 S. HERCULES AVE., 12B	9. Election Ce Trust Fund RECTORS Delete	ampaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG TID Michael Hack 1303 S. Hercy Clearwints., F	Flori GES TO OFFICER WORTH	ake check payable ida Department of S	State N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI PD ENTWISTLE, MARY 1303 SOUTH HERCULES #34 CLEARWATER, FL 33764 SD HACKWORTH, MICHAEL 1303 S. HERCULES AVE., 12B CLEARWATER BEACH, FL 337 VPTD :DAVIS, MATT 1303 S. HERCULES #15	9. Election Ca Trust Fund RECTORS Delete	ampaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANCE TTD Michael Hack 1303 S. Hercy Clearwints., F	Flori GES TO OFFICER WORTH	ake check payable ida Department of S	N 10 Addition
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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.

CITY-ST-ZIP

SIGNATURE: .

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. NAVS