


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90061 003 ****61.25

DOCUMENT # 721653 1. Entity Name FIFTEEN SEVENTY-FIVE ASSOCIATION, INC.	
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Principal Place of Business 1575 OCEAN SHORE BLVD UNIT # 101 ORMOND BEACH FL 32176 US	Mailing Address 1575 OCEAN SHORE BLVD UNIT # 101 ORMOND BEACH FL 32176 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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~~1st MOORE~~ CR2E037 (10/04)


City & State	City & State	4. FEI Number 59-1464852	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent NICOLA, JACKYE 1575 OCEANSHORE BLVD. # 101 ORMOND BEACH FL 32176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTTLEY, CRAIG 1165 WOODMERE DR WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, DONALD 1281 W. JONES HOWELL MI 48843	<input type="checkbox"/> Delete	D Barbara Bonner 1575 Ocean Shore Blvd #905 Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANNON, SHARI 1575 OCEAN SHORE BLVD ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, LOUISE 1575 OCEANSHORE BLVD #901 ORMOND BCH FL 32176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, STAN 1575 OCEAN SHORE BLVD #801 ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURNIN, FRANK 407 LAKE ROAD NEWPORT VT 05885	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE: Frank Durnin **Frank Durnin** 2/3/05 384-441-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #