


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90177 001 ****61.25

DOCUMENT # 721653
1. Entity Name
FIFTEEN SEVENTY-FIVE ASSOCIATION, INC.




Principal Place of Business Mailing Address
**1575 OCEAN SHORE BLVD
UNIT # 101
ORMOND BEACH FL 32176
US** **1575 OCEAN SHORE BLVD
UNIT # 101
ORMOND BEACH FL 32176
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05) _____

4. FEI Number Applied For
59-1464852 Not Applicable

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	UTTLEY, CRAIG	
STREET ADDRESS	1165 WOODMERE DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENE, DONALD	
STREET ADDRESS	1281 W. JONES	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANNON, SHARI	
STREET ADDRESS	1575 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, LOUISE	
STREET ADDRESS	1575 OCEANSHORE BLVD #901	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, STAN	
STREET ADDRESS	1575 OCEAN SHORE BLVD #801	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURNIN, FRANK	
STREET ADDRESS	407 LAKE ROAD	
CITY-ST-ZIP	NEWPORT VT 05885	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Arthur Hayes	
CITY-ST-ZIP	11706 Rutledge Rd Timonium, Md 21093	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1575 Ocean Shore Blvd #205	
CITY-ST-ZIP	Ormond Beach, FL 32176	

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.

SIGNATURE: *Frank Durnin* Frank Durnin 2/20/06 381-441-2057