2006 NOT-FOR-PROFIT CORPORATION

FILED Feb 09, 2006 8:00 am Secretary of State 02-09-2006 90032 010 ****70.00

ANNUAL REPORT	411ON
DOCUMENT #722968	
1. Entity Name	4.4

INC.	A HEIGHTS CONSERVAT	ION ASSOCIATON,						
Principal Plac 3899 CAPE I CAPE HAZE,		Mailing Address POST OFFICE BOX 3100 PLACIDA, FL 33946	US					
2. Principal P	lace of Business	3. Mailing Address					4	LYNUL BI LIBL
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01052006 C	hg-NP C	CR2E037 (11/05)	
City & Stat	е	City & State			4. FEI Number 65-015566			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	S8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regi	stered Agent	
BRADENE	ERGER, JOHN		Name					
3899 CAP	É HAZE DRIVE		Street Address		P.O. Box Number is	Not Acceptable)		
	ZE, FL 33947							
	· Land		City				FL Zip Cod	de .
	named entity submits this statement fo	or the purpose of changing its re	egistered office of	r registere	ed agent, or both, in	the State of Florida	a. I am familiar with,	and accept
ine ooligai	ions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and the if analizable /NOTE:	Registered Agent signa	ture recurred	when reinstation)		DATE	
		and the happicable. [NO:E.	negistareo ngant signa	tore required	windir rowistaung?		DATE	
	11							
. t	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees	i	check payable t Department of S	
10.	Due by May 1, 2006 OFFICERS AND DI	Trust Fund Co	ntribution.	A		Florida	Department of S	tate
TITLE	OFFICERS AND DI	Trust Fund Co	ntribution.	U A	Added to Fees	Florida ES TO OFFICERS	Department of S AND DIRECTORS IN Change	tate
•	Due by May 1, 2006 OFFICERS AND DI	Trust Fund Co	ntribution.	VD SCR 3890	Added to Fees DDITIONS/CHANG IBNER P CAPE HA	Florida ES TO OFFICERS AUL ZE DRIVE	Department of S AND DIRECTORS IN Change	tate
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VD HOFFMAN, KURT 3899 CAPE HAZE DRIVE CAPE HAZE, FL 33946	Trust Fund Co	11. TITLE NAME	VD SCR 3890	Added to Fees	Florida ES TO OFFICERS AUL ZE DRIVE	Department of S AND DIRECTORS IN Change	tate N 10 Addition
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Thereby certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR