## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 30, 2007 8:00 am Secretary of State

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1. Entity Name ST. ARMANDS ASSOCIATION, INCORPORATED



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19 NO. BLVI SUITE 419	ce of Business D. OF PRESDENTS	Mailing Address 19 NO. BLVD. OF PRE SUITE 419			400	045220			
SARASOTA, F	FL 34236 US	SARASOTA, FL 34236	5 US		 				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc			03142007 <sub>C</sub>	Chg-NP	CR2E037	(12/06)	
City & Stat	e	City & State			4. FEI Number 59-172268	82	, ,,		ofied For Applicable
Zip	Country	Zip	Country	,	5. Certificate of S	Status Desired		8.75 Add	tional
	6. Name and Address of Curren	t Registered Agent	<del></del>	<del></del>	7. Name and Ade	dress of New Re		•	<u> </u>
1451 1 1444			N	ame					
WILLIAM, 419 NO W	REX ASHINGTON DRIVE		St	treet Address (	P.O. Box Number is	Not Acceptable)	)		
SARASOT	A, FL 34236				<del></del>				
			C	ity			FL	Zip Code	
	named entity submits this statement f	for the purpose of changing its	s registered of	ttice or register	ed agent, or both, in	n the State of Flor		niliar with	and accept
8. The above		parpass at arranging in	2.09.0.0.50.0.		00 090.11, 01 001.17, #	, ino otato or rio.			and decept
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the obligat	tions of registered agent.								
	ions of registered agent.  Signature, typed or printed name of registered agen	nt and title if applicable (NO)	IF Registered Age	riti signature required	when reinstating)		DATE		
the obligat		9. Election Ca		<del></del>	\$5.00 May Be Added to Fees		DATE ake check p da Departm		
the obligat	Signature, typed or printed name of registered ager	9. Election Ca Trust Fund	mpaign Finan	nicing	\$5.00 May Be Added to Fees	Florid	ake check p da Departm	ent of St	ate
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12. Thereby certify that the information supplied with this filing 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 redeiveror trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 10 if changed, or on an attachment with an autoress, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

350,525 Daytine Phone #