## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 28, 2008 8:00 am Secretary of State 02-28-2008 90008 034 \*\*\*\*61.25

1. Entity Nan	MENT # 724723 L 1620 OWNERS' ASSOC		02	-28-2008 90008	034 ****6.	1.25		
Principal Place of Business Mailing Address 1620 MAIN STREET C/O CAVANAUGH SARASOTA, FL 34236 2381 FRUITVILL SARASOTA, FL 3						818(1 <b>2</b> 18(1 <b>2</b> 28)1 878	III	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Che	g-NP CR2E	037 (12/06)		
City & Stat	е	City & State		4. FEI Number 59-1423358	3		plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
23 <del>81 FRU</del>	<del>NEY, BRIAN</del> M <del>ITVILLE R</del> D <del>-A. FL- 34</del> 237		Name Michael Collins Street Address (P.O. Box Number is Not Acceptable)					
GANGOTA, TE-GAZOT			1620 M	1620 Main St, Suite 5				
	named entity submits this statement for	or the purpose of changing its		a sota ered agent, or both, in th	ne State of Florida. I an	n familiar with,	and accept	
·	tions of registered agent.	Under			7-26	~ 08	•	
SIGNATURE	Signar e, typed or printed name of registered agen	and tale # applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2008		mpaign Financing Contribution,	\$5.00 May Be Added to Fees		ck payable to artment of St		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYER, CATHY 671 SUFFOLK CIRCLE NOKOMIS, FL 34275	Delete	STREET ADDRESS 44	nnifer ofe	ters	Change	Addition	
TITLE NAME STREET ADDRESS	PD IONESCU, DAN A 1620 MAIN ST STE 7	<b>X</b> √Delete	TITLE PD NAME STREET ADDRESS 16	am <del>sota,</del> 11 Deacon 20 Main S	7 Suite 1	□ Change	Addition	
CITY-ST-ZIP	D DENDER MICHAEL BUR	<b>X</b> Delete	TITLE D	urasota,	<u>Fi 3423</u> -	□ Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP	PENDER, MICHAEL R JR. 2381 FRUITVILLE ROAD SARASOTA, FL 34237		STREET ADDRESS CITY-ST-ZIP	arasota,	5+, Suite	<u> </u>	. بست.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i></i>	<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-\$1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby indicated of the col	certify that the information supplied wit fon this report or supplemental apport poration or the receiver or trustee emp	n this filing does not qualify for s true and accurate and that in owered to execute this report	or the exemptions containe my signature shall have the as required by Chapler 6	ed in Chapter 119, Floric e same legal effect as if 17, Florida Statutes, and	da Statutes. I further ce made under oath; that I that my name appears	artify that the in I am an officer s in Block 10 or	formation or director Block 11 if	