

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 726182

1. Entity Name
SOUTH EAST MARION COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**24798 SE HWY 42
UMATILLA, FL 32784 US**

Mailing Address
**24798 SE HWY 42
UMATILLA, FL 32784 US**



03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2855162

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FREY, CARL
16895 S.E. 272 CT.
UMATILLA, FL 32784**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALLGREN, BRUCE
STREET ADDRESS	16900 SE 272 CT
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	PD
NAME	COOK, RICHARD
STREET ADDRESS	24415 W. HWY. 450
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	TD
NAME	FREY, CARL
STREET ADDRESS	SE 272 CT-16895
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	SD
NAME	COOKE, DELORES
STREET ADDRESS	24415 W. HWY 450
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VD
NAME	LITTON, AILEEN
STREET ADDRESS	24801 SE HWY 42
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	D
NAME	DRIVER, JIM
STREET ADDRESS	16840 SE 248 TERRACE
CITY-ST-ZIP	UMATILLA, FL 32784

U00000585076
05/20/06-80106-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 MAY 2006

352-669-3404

Date

Daytime Phone #