2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

1. Entity Name	MENT #728599 ND WAY ASSOCIATION, INC	3 .				04-16-2007	7 90081 0	25 ****61	1.25
700 ISLAND WAY STE CLEARWATER, FL 34630 US 287		2870 SCHERER DR NO	iling Address ERLING MANAGEMENT SERVICES 370 SCHERER DR NORTH SUITE 100 IINT PETERSBURG, FL 33716 US)	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address		:					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 59-16312	204		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and A	ddress of New	Registered	Agent	
ZACUR RI	ICHARD ESQ.		Name						
ZACUR & 0 5200 CENT	GRAHAM, P.A. FRAL AVENUE		Street	Address (f	P.O. Box Number	is Not Acceptab	ole) '		
ST PETER	SBURG, FL 33733								
			City				FL	Zip Code	э
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent ar				<u>-</u>		DATE	····	
	Signature, typed or printed frame of registered agent at	id title # applicable. (NO	TE: Registered Agent sign	ature required	when reinstating)		UAIE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca	In: Registered Agent sign Impaign Financing Contribution.	ature required	\$5.00 May Be Added to Fees		Make chec	k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Ca Trust Fund	mpaign Financing		\$5.00 May Be Added to Fees	FIGES TO OFFICE	Make chec orlda Depar CERS AND DI	RECTORS IN	tate I 10
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TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE PD RACHEL, JIME	9. Election Ca Trust Fund	umpaign Financing Contribution. 11. TITLE NAME	□ /PD :	\$5.00 May Be Added to Fees ADDITIONS/CHAN James Ra	SES TO OFFICE	Make checorida Depar	RECTORS IN	tate I 10
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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 this receiver of trustee empowehed 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 or an attachment with a address, with all other time empowered.

727.-299.-9555 Daytime Phone #