2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733978

FILED Apr 30, 2007 Secretary of State

Entity Name: SAN RAMON ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

KEYS CALDWELL INC 1162 INDIAN HILLS RD VENICE, FL 34285

Current Mailing Address: New Mailing Address:

1162 INDIAN HILL BLVD VENICE, FL 34293 US

FEI Number: 59-1621120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEYS CALDWELL INC 162 INDIAN HILLS BLVD VENICE, FL 34293 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: SD () Delete Title: PD (X) Change () Addition

 Name:
 HOLMER, MARY
 Name:
 HOLMER, MARY

 Address:
 624 FLAMINGO DR #101
 Address:
 624 FLAMINGO DR #101

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:
 VENICE, FL 34292

Title: TD () Delete Title: SD (X) Change () Addition Name: HOLMER, MARY Name: WILLIAMS, BILL

Name. HOLIVIER, MARY NAME. WILLIAMS, BILL

 Address:
 624 FLAMINGO DR STE 101
 Address:
 624 FLAMINGO DR STE 107

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:
 VENICE, FL 34285

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ADKINS, VIRGINIA
 Name:
 PATKA, JIM

 Address:
 624 FLAMINGO DR #105
 Address:
 624 FLAMINGO DR #213

Address. 624 FLAWINGO DR #105 Address. 624 FLAWINGO DR #215
City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285

Title: TD () Delete Title: () Change () Addition

 Name:
 COLLINS, GERALD
 Name:

 Address:
 624 FLAMINGO DR. #204
 Address:

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 MCFARLIN, DICK
 Name:

 Address:
 624 FLAMINGO DR #108
 Address:

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL WILLIAMS SD 04/30/2007