

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 734217

1. Entity Name
WYNKEN BLYNKEN & NOD A ASSOCIATION, INC.



Principal Place of Business
**223 HUMPTY DUMPTY DR
KEY LARGO, FL 33037**

Mailing Address
**P.O. BOX 1200
KEY LARGO, FL 33037**



02192008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0032636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THALER, RAYMOND
223 HUMPTY DUMPTY DR
KEY LARGO, FL 33037**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THALER, RAYMOND
STREET ADDRESS	223 HUMPTY DUMPTY DR
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	V
NAME	HUENNIGER, LEE
STREET ADDRESS	415 THIMPER THOROFARE
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	S
NAME	BRANDELL, RONA
STREET ADDRESS	326 LITTLE MISS MUFFET LANE
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	D
NAME	EDGAR, COX
STREET ADDRESS	215 HUMPTY DUMPTY DR.
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	T
NAME	SPIRES, PATRICIA
STREET ADDRESS	115 TWEEDY PIE TERRACE
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	D
NAME	DUDAS, JOHN
STREET ADDRESS	407 THUMPER THOROUGHFARE
CITY - ST - ZIP	KEY LARGO, FL 33037

**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

Date

Daytime Phone #

3054534333