2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

| 1. Entity Nam | 16 | # 736379 EACH ESTATES | CIVIC ASSOCIATIO | v. | | , | 93-21-2006 90 | 0028 013 ****61 | .25 | |
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| Principal Place of Business 27353 DOMINICA RAMROD KEY, FL 33042 | | | Mailing Address P.O. BOX 421232 SUMMERLAND KEY, FL 33042 | | | 4003541 | | III BIBI IIBI AZAR IIII AZI | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 02072006 C | hg-NP | CR2E037 (11/05) | | |
| City & State | | | City & State | | | 4. FEI Number 65-011506 | 56 | <u> </u> | plied For t Applicable | |
| Ζip | Zip Country | | Zip Country | | ý | 5. Certificate of S | tatus Desired | S8.75 Add Fee Require | | |
| | 6. Name a | and Address of Current | Registered Agent | | | 7. Name and Add | tress of New Rec | sistered Agent | | |
| KING LEE | • | | | 1 | Name - | 6hn Cla | rk | | | |
| KING, LEE 27353 DOMINICA LANE | | | | | | (P.O. Box Number is | | | | |
| RAMROD KEY, FL 33042 | | | | | 27326 Martinique Lane | | | | | |
| | | | | ' | City Ramrod Key FL 33042 | | | | | |
| | named entity tions of registe | | the ourpose of changing is | registered | office or regist | ered agent, or both, in | | | | |
| SIGNATURE. | | r pripted name of registered agent | and title if applicable. (NOTI | : Registered Ag | ent signature requi | | -lark | 3-16-6 | 96 | |
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| | | is \$61.25 By 1, 2006 | 9. Election Car Trust Fund C | npaign Fina | | \$5.00 May Be Added to Fees | | ke check payable to a Department of St | | |
| 10. | Due by Ma | By 1, 2006 OFFICERS AND DIF | 9. Election Car Trust Fund C | npaign Fina | | \$5.00 May Be Added to Fees | Florid | re check payable to | tate | |
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12. Thereby certify that the information supplied with this first part of 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: | Sheni | Brue | Sherri | Brye | 3-16-06 | 305-872-55aS |
|------------|-----------------------|-------------------------|-------------------------|------|---------|-----------------|
| | SIGNATURE AND TYPED O | R PRINTED WANE OF SIGNI | ING OFFICER OR DIRECTOR | 1 | Date | Daytime Phone # |