2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

1. Entity Nam	MENT #739933 ASSOCIATION, INC.					05-03-2005	90137 044	1 ****61	.25	
Principal Place 310 PEARL A SARASOTA, F	AVE	Mailing Address 310 PEARL AV SARASOTA, FL	E				~ 500	4675		
2. Principal P	Place of Business	3. Mailing Addre	ss				H 311 11 11 1 11 1111			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			Chg-NP	CR2E037	(10/03)		
City & State		City & State			4. FEI Number 59-18133	92			plied For t Applicable	
Zip	Country	Zip	Co	ountry	5. Certificate of S	Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I	Registered Ag	ent		
				Name	Name					
DELLOOR MANAGEMENT 310 PEARL AVE SARASOTA, FL 34243				Street Addre	ress (P.O. Box Number is	s Not Acceptabl	(e)			
				City			FL	Zip Code	3	
	named entity submits this statement for tions of registered agent.	or the purpose of cha	nging its registe	ered office or reg	gistered agent, or both, i	n the State of F	orida. I am fa	miliar with,	and accept	
SIGNATURE .				.			DATE			
	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Register	ered Agent signature re	equired when reinstating)		DATE			
<u>, , , , , , , , , , , , , , , , , , , </u>	Filing Fee Is \$61.25 Due by May 1, 2005	9. Ele	(NOTE: Register ction Campaign st Fund Contribu	Financing	\$5.00 May Be		Aake check			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6-2005 941 358-3366 Daying Phone #