2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # 739933					04-24-2006 9	90353 02	29 ****61	.25	
Principal Plac 310 PEARL / SARASOTA, F	AVE	Mailing Address 310 PEARL AVE SARASOTA, FL 34243	US		1 185 111 1 288	:0029 	104 B(B1) B1811 -	IIIII BIBII BIBII B		
2. Principal P	Mace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102006	Chg-NP	CR2E	CR2E037 (11/05)		
City & State		City & State			4. FEI Number 59-1813				pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Ac Fee Requir	iditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	l Agent		
DELLOOR MANAGEMENT 310 PEARL AVE SARASOTA, FL 34243			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)						
,	7,112 04240		City					Zip Co	de	
	named entity submits this statement fo	•••••					FI	L		
the obligat	ions of registered agent. Signature, typed or printed name of registered agent.		: Registered Agent signs				DATE		<u>.</u>	
			. rogazio e rigoria signa		miori romstaurg)					
	Filing Fee is \$61.25 Due by May 1, 2006		npaign Financing		\$5.00 May Bo	•	Make chec	ck payable artment of S		
10.	Due by May 1, 2006 OFFICERS AND DIF	9. Election Cam Trust Fund Co	npaign Financing		\$5.00 May Bo	•	Make chec orida Depa	ck payable artment of §	State N 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF T FISCHER, HART 3500 GL CONQUISTADOR PKW	9. Election Cam Trust Fund Co RECTORS	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS		\$5.00 May Br Added to Fees DDITIONS/CHA HER, DI	ANGES TO OFFICE	Make checorida Depa ERS AND C	ck payable artment of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF T FISCHER, HART 3500 GL CONQUISTADOR PKW BRADENTON, FL 34210	9. Election Cam Trust Fund Co	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		\$5.00 May Br Added to Fees DDITIONS/CHA HER, DI	FIG ANGES TO OFFIC	Make checorida Depa ERS AND C	ck payable artment of S DIRECTORS II Change	N 10 Addition	
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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: _

SIGNATUREAND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

941-358-3366

Daytime Phone #