## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 14, 2007 8:00 am Secretary of State 05-14-2007 90070 016 \*\*\*\*61.25

1. Entity Nam	MENT #739933  ASSOCIATION, INC.				5-14-2007 900	070 016 ****6	1.25	
Principal Plac 310 PEARL / SARASOTA, F	AVE :	tailing Address 310 PEARL AVE SARASOTA, FL 34243	US	40111				
2. Principal P	Place of Business - No P.O. Box # 3.	Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04042007 Cr	ng-NP CI	R2E037 (12/06)		
City & Stat	ie	City & State		4. FEI Number 59-181339	2		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired [	\$8.75 Add Fee Require		
	6. Name and Address of Current Regi	stered Agent	.,	7. Name and Add	ress of New Regis	tered Agent		
DELLOOR MANAGEMENT 310 PEARL AVE SARASOTA, FL 34243				Name Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
the obligat	n named entity submits this statement for the tions of registered agent.	purpose of changing its reg	gistered office or reg	gistered agent, or both, in	the State of Florida.	. I am familiar with,	and accept	
	Signature, typed or printed name of registered agent and life		gistered Agent signature re			DATE		
	Signature, speed or printed name of registered agent and little Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont	nign Financing	\$5.00 May Be Added to Fees	Make	check payable to Department of St		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filing Fee is \$61.25	9. Election Campa Trust Fund Conl ORS	nign Financing	\$5.00 May Be	Make Florida I	check payable to Department of St	tate	
10. TITLE NAME STREET ADDRESS	P D FISCHER, DIANE 3500 EL CONQUISTADOR PKWY #1	9. Election Campa Trust Fund Cont ORS Delete 39	ign Financing tribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP B	\$5.00 May Be Added to Fees	Make Florida I ES TO OFFICERS A	check payable to Department of St.  ND DIRECTORS IN  Change	1 10 Addition	
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P D FISCHER, DIANE 3500 EL CONQUISTADOR PKWY #1 BRADENTON, FL 34210 VP D MEE, LAURA 3500 EL CONQUISTADOR PKWY #1	9. Election Campa Trust Fund Cont ORS Delete 39	ign Financing tribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 3	\$5.00 May Be Added to Fees ADDITIONS/CHANGI	Make Florida I ES TO OFFICERS A  ARET USTADOR P L 34210	check payable to Department of St.  ND DIRECTORS IN Change  Change	Addition	
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECT P OFF	9. Election Campa Trust Fund Cont  ORS  Delete  39	ign Financing tribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE  ONRAD, MARCA  500 EL CONGLI  RADENTON, F  INLEY, JAME  500 EL CONG	Make Florida I ESTO OFFICERS A  ARET USTADOR P L 34210 S L 34210 L 34210	check payable to Department of St.  ND DIRECTORS IN Change  Change	Addition	
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECT P OFFICERS AND DIRECT 3500 EL CONQUISTADOR PKWY #1 BRADENTON, FL 34210 D WIKEL, LARRY 3500 EL CONQUISTADOR PKWY BRADENTON, FL 34210 D NUGENT, THERESA 3808 EL CONQUISTADOR PKWY.	9. Election Campa Trust Fund Cont ORS  Delete 39  Delete 38  Delete	ign Financing tribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE  ONRAD, MARCA 500 EL CONGLI RADENTON, F  INLEY, JAME 500 EL CONG RADENTON, F  LOCK, GEORG	Make Florida I ESTO OFFICERS A  ARET USTADOR P L 34210 S L 34210 L 34210	check payable to Department of St.  ND DIRECTORS IN  Change  Change  Change	Addition  Addition	

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: M.K.CO. SECRE	ONRAD ETARY APRIL 11,2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #