2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

BIDGE, F175 SET, LUCIE BUYE 2. Principal Pace of Business - No P.O. Box # 2	1. Entity Narr	MENT #742126 NT CONDOMINIUM ASSO		04	4-10-2008 9001	3 014 ***	*70.0	00		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For S9-1451139 S. Certificate of Status Desired S. B. Name and Address of Current Registered Agent T. Name and Address of Now Registered Agent FROSS, DEBORAH 759 S. FEDERAL HWY, STE 212 STUART, F. L. 34994 City FL	BLDG. F, 175 SE ST. LUCIE BOULEVARD BLDG. F, 175 SE ST. LUCII				UŁEVARD					
City & State Country Country Country Country Country Country Country Country Country S. Certificate distants Desired \$8.75 Additional fees \$8.75 Additional fees the Regular of State Respirator of Sta	Principal Place of Business - No P.O. Box # 3. Mailing Address									
Sp. 1451139	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032008	Chg-NP C	R2E037 (12	/06)	
S. Certificate of Status Desired	City & State		City & State				39			·
ROSS, DEBORAH 759 S. FEDERAL HWY, STE 212 STUART, FL 34994 8. The above named entity submits file statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of project and displacement specifications. (ICCT: Registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of project and displacement specification. FILE 2p Code 8. The above named entity submits file statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of project agent, or both, in the State of Florida. I am familier with, and accept the obligations of project agent, or both, in the State of Florida. I am familier with, and accept the obligations of project agent, or both, in the State of Florida. I am familier with, and accept the obligations of project agent, or both, in the State of Florida. I am familier with, and accept the obligations of project agent, or both, in the State of Florida. I am familier with, and accept the obligations of project agent, or both, in the State of Florida. I am familier with, and accept the obligations of projects agent, or both, in the State of Florida. I am familier with, and accept the obligations of projects agent, or both, in the State of Florida. I am familier with, and accept the obligations of projects agent, or both, in the State of Florida. I am familier with, and accept the obligations of projects agent, or both, in the State of Florida. I am familier with, and accept the obligations of projects agent, or both, in the State of Florida. I am familier with, and accept the familier agent and accept the obligations of Projects agent, or both, in the State of Florida. I am familier with, and accept the familier agent, or both, in the State of Florida. I am familier with, and accept the familier agent agents agents. International control of Projects agent agents agents agents agents agents agents agents	Zip	, ,	<u> </u>	Cor	untry	5. Certificate of S	Status Desired			
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STUART, FL 34994 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 obligation's Suppose of agent. SIGNATURE										
City FL Zip Code					Street Address (P.O. Box Number is Not Acceptable)					
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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: PATRICIA J. HASSLER-Valueri Hasser 4-4-08 773-257-0646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Degume Phone 8