2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90047 045 ****61.25

1. Entity Nam	MENT # 745889 D c condominium asso	OCIATIO	ON, INC.							
Principal Place of Business STERLING MGMT INC 1701B RICKENBACKER DR SUN CITY CENTER, FL 33573		Mailing Address STERLING MGMT INC 1701B RICKENBACKER DR SUN CITY CENTER, FL 33573								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022007 Ch	ig-NP	CR2E03	37 (12/06)		
City & State		City & State			4. FEI Number 59-198135	3		 	olied For Applicable	
Zip	Country	Zip		Country	5. Certificate of Sta	atus Desired		\$8.75 Addi		
	6. Name and Address of Current	Registere	d Agent		7. Name and Add	ress of New	Registered	Agent		
DE EUDIO JAMES DESO				Name						
DE FURIO, JAMES R ESQ 201 EAST KENNEDY BOULEVARD				Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1460 TAMPA, FL 33602				· ·						
				City			FL	Zip Code)	
	e named entity submits this statement for	or the purpo	ose of changing its re	gistered office or reg	gistered agent, or both, in	the State of F	lorida. I am	familiar with,	and accept	
the obliga	tions of registered agent.									
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agen	nt and litle if app	licable. (NOTE; F	Registered Agent signature re	equired when reinstating)		DATE			
SIGNATURE		nt and title if app	9. Election Camp	aign Financing	\$5.00 May Be		Make chec	k payable to		
SIGNATURE	Signature, typed or printed name of registered agen Filling Fee is \$61.25		9. Election Camp	aign Financing	\$5.00 May Be	Flo	Make chec orida Depai	rtment of St	ate	
(Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D		9. Election Camp	aign Financing	\$5.00 May Be Added to Fees	Flo	Make chec orida Depai	rtment of St	ate	
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D PD STYLE, MARGARET		9. Election Camp Trust Fund Con	aign Financing ntribution. 11. 11TLE NAME	\$5.00 May Be Added to Fees	Flo	Make chec orida Depai	RECTORS IN	10	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PRES.

04-02-07

633-6125