## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 16, 2007 8:00 am Secretary of State 03-16-2007 90031 035 \*\*\*\*61.25

1. Entity Name	MENT # 749406 n condominium associ	IATION, INC.					7 90031 0		11.23
Principal Place of Business 3807 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32127  Mailing Address 3807 S. ATLANTIC AVE. DAYTONA BEACH SHORES,			S, FL 32127			601	JZ448	4	
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite. Apt. #, etc.		Suite, Apt. #, etc.			02052007	Chg-NP	CR2E00	37 (12/06)	
City & State		City & State		4. FEI Number 59-20861	73		<del></del>	oplied For of Applicable	
Zip	Country	Country Zip Cou			5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New	Registered	Agent	<u> </u>
FREAR G	LAYTON-6		Nam	FRE	DR VA	LERIE	-		
FREAR, G <del>LAYTON S</del> 3807 S. ATLANTIC AVE. #404 DAYTONA BEACH SHORES, FL 32127			Stree	Street Address (P.O. Box Number is Not Acceptable)  38-0.7 8. ATLANTIC 4VE # 404					
			City	HTONA	BEACH	SHORE		Zip Cod	e .
							FL	<u>څک</u>	118
SIGNATURE .	ions of registered agent								
	Signature Typed or printed name of registered agent a	and title if applicable (NOTE I	Registered Agent si	gnature required	1 when reinstating)		DATE		
	Signature typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	oaign Financin		\$5.00 May Be Added to Fees	FI	Make check lorida Depar		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	oaign Financin	g	\$5.00 May Be		Make checlorida Depar	tment of S	tate / 10
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12. Thereby 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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386 304 1525 Daytime Pricing #