2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 16, 2007 8:00 am Secretary of State **DOCUMENT # 750359** 1. Entity Name 05-16-2007 90017 039 ****61.25 PICKFORD SQUARE ASSOCIATION, INC. Principal Place of Business Mailing Address 780 DELTONA BOULEVARD 780 DELTONA BOULEVARD SUITE 103 SUITE 103 DELTONA FL 32725 **DELTONA FL 32725** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country: 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hanus Street Address (P. O. Box Number is Not Acceptable) 780 De Hona Blvd. Ste HANUS V, CHARLES M. 780 DELTONA BLVD, **SUITE 103 DELTONA FL 32725** Zip Code 32725 De Hona 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 obligations of registered agent. egistered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THIE ☐ Dolete Change ☐ Addition NAMI HANUS V, CHARLES M. NAME STREET ADDRESS 780 DELTONA BLVD. #103 STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32725** CHY-ST-7IP 11111 □ Delete ШЦ Change ☐ Addition NAME HANUS, HILARY S. NAME STREET ADDRESS 780 DELTONA BLVD. #103 STREET ADDRESS CHY-ST-ZIP **DELTONA FL 32725** CHY-ST-7IP ☐ Delete IIIIIIChange ■ Addition NAMI NAME ORERIC, RON STREET ADDRESS 780 DELTONA BLVD. #103 STREET ADDRESS CITY+ST-7IP CHY-ST-7IP DELTONA FL 32725 HITE ☐ Delete HILLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITTE ☐ Delete THE Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHY-ST-7IP THEF Delete 11116 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

Hilary S. Hanus

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