## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Jun 01 2005 8:00 am

1. Entity Nam	MENT # 751774  association, Inc.	- S. 1. 5		Secretary of State 06-01-2005 90016 017 ****61.25	
Principal Plac	e of Business	Mailing Address			
4901 BETHE	EL CREEK DR.	4901 BETHEL CREEK DR.			
VERO BEAC US	CH FL 32963	VERO BEACH FL 32963 US		. I ABANI JABAH BIIDI JABAH JABAH IBAN ANDI BIBIR BIRIK BIRIK BIBIR BIBIR BIRIK	El SI IETI
2. Principal P	Place of Business	3. Mailing Address (19)	Mace	mait IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	a Drug	1st MOORE CR2E037 (10/04)	
City & State	e	Vero Beal	h #1.	E0 2672260	lied For Applicable
Zip	Country	3 <sup>2ip</sup> 963	Country	5. Certificate of Status Desired   \$8.75 Addlt Fee Required	ional
	6. Name and Address of Current I	Registered Agent	Name 12	7. Name and Address of New Registered Agent	
490	LINGER, JOYCE 1 BETHEL CREEK DR #1 10 BEACH FL 32963		Street Address	reffic Monasmad the M ps (P.O. Box Number in Not Acceptable)  Souto E  Of act   FL   Zip Code	1 Ere
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed of printed name of registered agent and title if applicable (NOTE Registred Agent signature required when reinstating)  DATE					
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	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of St	
10.	Due By May 1, 2005 OFFICERS AND DIR	9. Election Campa Trust Fund Cont	ign Financing Iribution.	\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of St  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	ate 0
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR