## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #754248** 1. Entity Name



## **FILED** Feb 07, 2008 8:00 am Secretary of State 02-07-2008 90018 007 \*\*\*\*61.25

ASSOCIATION, INC.								
Principal Plac 181 CENTER VENICE, FL	RD.	Mailing Address 181 CNTR RD VENICE, FL 34285 U	S .	400	IAPEA			
			<u> </u>					
Principal Place of Business - No P.O. Box #     Mailing Address		3. Mailing Address				1831 81811 81811 81811 81811 81811	!iib! 01  015	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Numbe 59-216		<del></del> -	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add		
	6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New Re	<u> </u>		
ADCHS BOOKERTY MANAGEMENT			Name	Name				
ARGUS PROPERTY MANAGEMENT 181 CNTR RD			Street Address (P.O. Box Number is Not Acceptable)					
VENICE, F	FL 34285		<u> </u>				···	
			City			FL Zip Cod	e	
The above named entity submits this statement for the purpose of changing its reg			egistered office or re	egistered agent, or bo	th, in the State of Flori		and accept	
the obligat	ions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature	e required when rainstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.				_	
	•			\$5.00 May E Added to Fees		ke check payable to la Department of St		
10.	•	Trust Fund Co		Added to Fees	Florid		tate 	
TITLE	OFFICERS AND DIRECT	Trust Fund Co	ntribution.	Added to Fees	Florid	la Department of St	tate 	
TITLE NAME	OFFICERS AND DIRECT SD HILL, LARRY	Trust Fund Co	11. TITLE NAME	Added to Fees	Florid	la Department of Si S AND DIRECTORS IN	tate	
TITLE	OFFICERS AND DIRECT	Trust Fund Co	ntribution.	Added to Fees	Florid	la Department of Si S AND DIRECTORS IN	tate	
ITTLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DIRECT SD HILL, LARRY 404 CERROMAR CIR. N. #314 VENICE, FL 34293 VPD	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florid	la Department of Si S AND DIRECTORS IN	tate	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008  OFFICERS AND DIRECT SD HILL, LARRY 404 CERROMAR CIR. N. #314 VENICE, FL 34293 VPD RUTECKI, JOHN	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florid	la Department of SI S AND DIRECTORS IN Change	tate  J 10 Addition	
NAME STREET ADDRESS CHY-ST-ZIP	Due by May 1, 2008  OFFICERS AND DIRECT SD HILL, LARRY 404 CERROMAR CIR. N. #314 VENICE, FL 34293 VPD	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florid	la Department of SI S AND DIRECTORS IN Change	tate  J 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DIRECT SD HILL, LARRY 404 CERROMAR CIR. N. #314 VENICE, FL 34293  VPD RUTECKI, JOHN 408 CERROMAR CIRCLE S., #133 VENICE, FL 34293 PD	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Added to Fees	Florid	la Department of SI S AND DIRECTORS IN Change	tate  J 10 Addition	
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TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	Due by May 1, 2008  OFFICERS AND DIRECT SD HILL, LARRY 404 CERROMAR CIR. N. #314 VENICE, FL 34293  VPD RUTECKI, JOHN 408 CERROMAR CIRCLE S., #133 VENICE, FL 34293 PD	Trust Fund Co  CTORS  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Added to Fees	Florid	la Department of Si S AND DIRECTORS IN Change Change	tate  1 10 Addition	
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12. Thereby 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: ASIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #