## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOOLINGS IT # 754044

STREET ADDRESS CITY-ST-ZIP

## **FILED** Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90104 016 \*\*\*\*61.25

1. Entity Nam	WENT#754311 BEDGE PROPERTY OWNE	ERS ASS	OCIATION,						. <b>2</b> 03 <b>2</b> 0				.1.20
Principal Plac 8 SUNSET DI SEBASTIAN,	RIVE	g Address NSET DRIVE ASTIAN, FL 32958	US				v	, -					
						j			<b>           </b>				
Principal Place of Business - No P.O. Box # 3. N			Aailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					012820	07 (	hg-NP	c	R2E03	37 (12/06)	
City & State		Cit	City & State				4. FEI Ni 59-2	umber 29668	50				pplied For ot Applicable
Zip	Country	Zip	)	Cour	ntry		5. Certifi	cate of S	Status Desire	ed		\$8.75 Ad	ditional
	6. Name and Address of Curre	nt Registere	od Agent				7. Name	and Ad	dress of Ne	w Regi	stered /	Agent	. –
TOMOSER	R, EDYTHE				Name				-				
27 SUNSE				Street Ad	ddress (F	P.O. Box N	umber is	Not Accep	table)				
	,. = 02000												
				Ī	City			• •			FL	Zip Cox	de
8. The above	named entity submits this statement	t for the purp	ose of changing its re	ogistore:	d office or							<u> </u>	<del></del>
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	tions of registered agent.		oco or crianging to	egistere	id Ullice Or	register	ea agent, c	y both, i	n the State (	ol Florida	a. Iam	familiar with	, and accept
	lions of registered agent.					_	ed agent, o		n the State o	ol Florida	DATE	familiar with	, and accept
the obligat	tions of registered agent.			Registered	Agent signatu	_		g) lay Be		Make	DATE checi	familiar with	to .
the obligat	Signature, typed or printed name of registered agr	ent and title if app	9. Election Cemp Trust Fund Cc	Registered	Agent signatu	ure required	when reinstatives \$5.00 N Added to I	g) lay Be Fees		Make Florida	DATE check Depar	k payable tment of S	to State
signature	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AND (	ent and title if app	9. Election Cemp Trust Fund Cc	Registered paign Fit potributio	Agent signaturnancing	ure required	when reinstatives \$5.00 N Added to I	g) lay Be Fees		Make Florida	DATE check Depar	k payable tment of S	to State
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12. I hereby 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.

STREET ADDRESS

CITY-ST-ZIP