


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90167 009 ****61.25

DOCUMENT # 755071 1. Entity Name ADAMSTOWN I OF AVON PARK, INC.	
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Principal Place of Business 155 E. INTERLAKE BLVD LAKE PLACID, FL 33852 US	Mailing Address P O BOX 698 LAKE PLACID, FL 33852 US
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50001718



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2917125	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TOMPKINS, JAMES E. 107 INTERLAKE BLVD. LAKE PLACID, FL 33852

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST D TOMPKINS, JAMES E. 107 INTERLAKE BLVD LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KELLY, W. JAMES 1525 S. FLORIDA AVE LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, LOUISE 225 E. PARK AVE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date Daytime Phone #