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

FILED Jan 31, 2007 8:00 am Secretary of State

DOCUMENT # 755219 1. Entity Name FLORIDANA BEACH CIVIC ASSOCIATION, INC.							07 90043 0	50 ****6	1.25
Principal Place P 0 BOX 510 MELBOURNE		Mailing Address P 0 BOX 510214 MELBOURNE BEACH, FL	32951 US		401	ՍՍ Դ Յ / Ե)		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
		<u>-</u>			1 100191 10066		IB 1811 B3811 B3811 811		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01092007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Numbe 59-2886	796		-	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed 🗆	\$8.75 Ad	ditional
	6. Name and Address of Current F				7. Name and	Address of Ne	w Registered .	Fee Require	
OL AVITON	MOUAEL		Name	Tay 1/k	2-1-2110-				
SLAYTON, MICHAEL 6795 ANGELES RD MELBOURNE BEACH, FL 32951				ddress (P.0	O. Box Numbe	FLLOT er is Not Accept LES RO	table)		
			0						
					RNE BE		FL	Zip Coc 329	51
The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o <i>N</i>	r registered	d agent, or both	h, in the State c	of Florida. I am	familiar with	, and accept
CICNATURE	CAR 3	771211	2			\bigcirc	. 20		_
SIGNATURE .	Signature, poed or printed name of registered agent a	nd title il applicable (NOTE F	Pegistered Agent signal	ure required wh	hen reinstating)	San	DATE	200	<u>), /</u>
SIGNATURE .	Signature, speci or Jonted name of registered agent at Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing	\$	65.00 May Budded to Fees	•	Make chec Florida Depar		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Col	paign Financing	□ \$	55.00 May Bodded to Fees	I	Make chec	tment of S	itate
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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.

SIGNATURE:

SIGNATURE SUPPLIED ASIM 1/20/07 321-951-7964

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #