2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90057 048 ****61.25

1. Entity Nam	MENT#757118 NDRON HOMEOWNERS A	SSOCIATION, INC.								
Principal Place of Business 495 NE 4TH STREET SUITE 7 DELRAY BEACH, FL 33483 US		Mailing Address C/O DELRAY ACCOUNTING TAX SERVICES, INC. 495 NE 4TH ST DELRAY BEACH, FL 33483 US		INC.	20007927					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						OVERLANDIN ONEN OVER	IKAI AI IAAI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262007	Chg-NP	CR26	E037 (12/06)		
City & State		City & State			4. FEI Number 59-2312		<u></u>	_ 	pplied For t Applicable	
Zip	Country	Zip	Country		5. Certificate o	l Status Desire	d 🖸	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of Nev	w Registers	d Agent		
MAZER MARCY B				Name						
MAZER, MARCY R 15792 PHILODENDRON CIR DELRAY BEACH, FL 33484			Street Ac	et Address (P.O. Box Number is Not Acceptable)						
5.22,01. 0	22,011,12,00404					-	•			
			City				F	L Zip Code	ө	
	named entity submits this statement for	the purpose of changing its	registered office or	register	ed agent, or both	, in the State of	Florida. La	m familiar with,	and accept	
the obligat	tions of registered agent.		_							
SIGNATURE	Marca Holora	MARCY Z. MAZGE	tout it	-			13.5	2 22 20	1	
		1/1/19-7 1111 (17 60)	142514811				ω_{5}	. 50 - 4	/	
SIGNATORIC	Signature, typed or printed name of registered agent a	nd title i applicable. (NOTE	: Registered Agent signatu	ure required	when reinstating)		DAT	E . 30 - 07	/ _	
JIGNATONE &	Signature, typeld or printed name of registered agent a Filling Fee Is \$61.25 Due by May 1, 2007		npaign Financing	ure required	\$5.00 May Be Added to Fees	F	Make ch	eck payable to	•	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Carr Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees	F	Make ch	eck payable to	o late	
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be	F	Make ch	eck payable to partment of SI DIRECTORS IN	o tate	
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12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lace Lace Marcy P. March Rusided 03-36-07 561-495-9431

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Prince Proce 9