


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90063 036 \*\*\*\*61.25

|  |                 |   |  |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
|--|-----------------|---|--|---|--------------------|-------------|---------------------|--|--------------|----------------|-------------------|-------------|--------------------|--|-------|-----|------|----------------|----------------|--------------------|-------------|--------------------|---------------------------------|-------|----|------|----------------|----------------|------------------|-------------|---------------------|---------------------------------|-------|--|------|--|----------------|--|-------------|--|---------------------------------|-------|--|------|--|----------------|--|-------------|--|---------------------------------|-------|--|------|--|----------------|--|-------------|--|---------------------------------|-------|-----------------|------|----------------------|----------------|--------------------|-------------|--------------------|--|-------|--|------|--|----------------|--|-------------|--|---|-------|--|------|--|----------------|--|-------------|--|---|-------|--|------|--|----------------|--|-------------|--|---|-------|--|------|--|----------------|--|-------------|--|---|
| <b>DOCUMENT # 757807</b><br>1. Entity Name<br><b>PINEWOOD I AND II TOWNHOMES OWNERS ASSOCIATION, INC.</b>  |                 |   |  |    |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| Principal Place of Business<br><b>4611 TREERIDGE LN.<br/>PALM BAY, FL 32905 US</b>   |                 |   | Mailing Address<br><b>1103 W. HIBISCUS BLVD.<br/>SUITE 308W<br/>MELBOURNE, FL 32901 US</b> |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>   |                 |   | 3. Mailing Address<br><b>1900 S. Harbor City Blvd.<br/>SUITE 200</b>                       |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| Suite, Apt. #, etc.<br>  |                 |   | Suite, Apt. #, etc.<br>  |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| City & State<br>   |                 |   | City & State<br><b>MELBOURNE, FLORIDA</b>  |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| Zip<br>  |                 | Country<br>   |  | Zip<br><b>32901</b>   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| Country<br>  |                 | Country<br><b>US</b>  |  | 4. FEI Number<br><b>26-5278709</b>  |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                 |   |  | Applied For<br>Not Applicable   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| 6. Name and Address of Current Registered Agent<br><b>MITCHELL, BRUCE, ESQ.<br/>1825 S. RIVERVIEW DRIVE<br/>MELBOURNE, FL 32901</b>  |                 |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                 |   |  |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>   |                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |                 |   |  |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">SINGH, DAVID</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">739 SEYMORE RD NE</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">PALM BAY, FL 32905</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td>NAME</td> <td>CERICOLA, DAWN</td> <td>STREET ADDRESS</td> <td>3274 EASTMAN LN NE</td> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32905</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>NAME</td> <td>FINEMAN, JAMES</td> <td>STREET ADDRESS</td> <td>2765 HAVEFORD RD</td> <td>CITY-ST-ZIP</td> <td>MELBOURNE, FL 32935</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">KAAR, TOSHIA PD</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">4616 TREERIDGE LN NE</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">PALM BAY, FL 32905</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">PALM BAY, FL 32905</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div> |                 |   |  |   |                    | TITLE       | PD                  | NAME   | SINGH, DAVID | STREET ADDRESS | 739 SEYMORE RD NE | CITY-ST-ZIP | PALM BAY, FL 32905 | <input checked="" type="checkbox"/> Delete | TITLE | STD | NAME | CERICOLA, DAWN | STREET ADDRESS | 3274 EASTMAN LN NE | CITY-ST-ZIP | PALM BAY, FL 32905 | <input type="checkbox"/> Delete | TITLE | VD | NAME | FINEMAN, JAMES | STREET ADDRESS | 2765 HAVEFORD RD | CITY-ST-ZIP | MELBOURNE, FL 32935 | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE | KAAR, TOSHIA PD | NAME | 4616 TREERIDGE LN NE | STREET ADDRESS | PALM BAY, FL 32905 | CITY-ST-ZIP | PALM BAY, FL 32905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  | PD              | NAME  | SINGH, DAVID   | STREET ADDRESS  | 739 SEYMORE RD NE  | CITY-ST-ZIP | PALM BAY, FL 32905  | <input checked="" type="checkbox"/> Delete                                   |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  | STD             | NAME  | CERICOLA, DAWN   | STREET ADDRESS  | 3274 EASTMAN LN NE | CITY-ST-ZIP | PALM BAY, FL 32905  | <input type="checkbox"/> Delete  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  | VD              | NAME  | FINEMAN, JAMES   | STREET ADDRESS  | 2765 HAVEFORD RD   | CITY-ST-ZIP | MELBOURNE, FL 32935 | <input type="checkbox"/> Delete  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  |                 | NAME  |  | STREET ADDRESS  |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Delete  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  |                 | NAME  |  | STREET ADDRESS  |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Delete  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  |                 | NAME  |  | STREET ADDRESS  |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Delete  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  | KAAR, TOSHIA PD | NAME  | 4616 TREERIDGE LN NE   | STREET ADDRESS  | PALM BAY, FL 32905 | CITY-ST-ZIP | PALM BAY, FL 32905  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  |                 | NAME  |  | STREET ADDRESS  |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  |                 | NAME  |  | STREET ADDRESS  |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  |                 | NAME  |  | STREET ADDRESS  |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| TITLE  |                 | NAME  |  | STREET ADDRESS  |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| 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.   |                 |   |  |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |
| <b>SIGNATURE:</b> <u>James Fineman</u> <span style="float: right;">7/26/2007 321-7267680</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                 |   |  |   |                    |             |                     |  |              |                |                   |             |                    |  |       |     |      |                |                |                    |             |                    |                                 |       |    |      |                |                |                  |             |                     |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |                 |      |                      |                |                    |             |                    |  |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |       |  |      |  |                |  |             |  |   |