2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #759385



FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90096 015 ****70.00

C/O 2433 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32018 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suile, Apt. #, etc.		ie EAS CONDOMINIUM ASSC A BEACH SHORES, FLORII							
Suite, Apt. #, etc. Suite, Apt. #, etc. D4192007 Chg.NP CR2E037 (12/06)	C/O 2433 SOUTH ATLANTIC AVENUE C/O 2433 SOUTH ATLA					\$003P27c			
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Signature 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip City City FL Zip Zip City FL Zip Zip Zip Zip Zip Zi	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Specificate of Status Desired Specificate of Specificate Specifi	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04192007	Chg-NP	CR2E037 (12/	06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOODWIN, MORRIS 150 DUNDEE RD., STE B DAYTONA BEACH SHORES, FL 32018 City FL Zip Code City	City & Stat	e	City & State					Applied For Not Applicable	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate o	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 accidence of the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Pilling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Street Address (P.O. Box Number is Not Acceptable) Onte Signature Signature		6. Name and Address of Current R	egistered Agent		7. Name and A	Address of New Re	gistered Agent		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am farmiliar with, and act the obligations of registered agent. SIGNATURE Signature, hybrid or private range of registered agent agrature required when remaining)	150 DUND	DÉE RD., STE B			ddress (P.O. Box Number	r is Not Acceptable)			
SIGNATURE Signature, hoped or printed name of registered agent and title if applicable. (NOTE: Registered Agent agrand when remaintaing)				City			FL Zip	Code	
ITTLE NAME NAME NAME NAME NAME NAME NAME NAM	-	Signature, typed or printed name of registered agent are Filling Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 Мау Ве		ke check payal		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chanter 119. Borida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P NETTLES, WALTER 182 EKANA CIRCLE DAYTONA BEACH, FL 32124 VP NORMAN GUTLOVE 4641 S ATLANTIC #701 PONCE INLET, FL 32127 T CODE, SHERRON LAKE CHARLES DR DELAND, FL 32724 D BRYAN, RAYMOND PO BOX 346 NA MT DORA, FL D GOULD, CONNIE 3780 CLYDE-MORRIS BLVD. #60	☐ Defete ☐ Defete ☐ Defete ☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PGUTIONE, NOR 41641 5. Q Ponce Inle VP Nettles, Wa 182 Ekana Daytona Ber Cook, Sher 300 Lake Deland, FL Deland, FL Devin, Geo 21038 Ship	man Hantic C t, FL 3212 Her Circle ach, FL 3 Charles I Charles I Charles I	13 Cha 2 12 # 70 27	Addition Addition Addition Addition Addition	

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.

Morris Sadduri Sec SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secrita