2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90077 044 ****61.25

1. Entity Nam	MENT # 760145	NIUM ASSOCIATION	N,						7 044 **** 6	51.25
Principal Place ELLIOTT MER 835 20TH PI VERO BEACH	RRILL MGMT. Lace	Mailing Address ELLIOTT MERRILL MGMT. 835 20TH PLACE VERO BEACH, FL 32960 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03052005	Chg-NP	CR2E	(10/03)	
City & State		City & State			4. FEI Number 59-2366	219		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip Co		untry	5. Certificate of Status Desired					
	6. Name and Address of Current				7. Name and Address of New Registered Agent					
835 20TH	MERRILL COMMUNITY MGMT PLACE	-	Name Street Address (P.O. Box Number is Not Acceptable)							
VERO BEA	ACH, FL 32960 -			City		-			Zip Cod	e ,
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent					ed agent, or both	n, in the State o	of Florida. I a		and accept
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	•		eck payable to partment of S	
10.	OFFICERS AND DII		11.			DDITIONS/CHA	NGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINCHESTER, WARREN 1845 TARPON LANE #304 VERO BEACH, FL 32960	~ □ Delete		-					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMER, JOYCE 1845 TARPON LANE G-201 VERO BEACH, FL	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TD ANDERSON, DONALD 1840 TARPON LANE #D104 VERO BEACH, FL 32960	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LECLAIR, WALTER 1825 TARPON LANE #304 VERO BEACH, FL 32960	. □ Delete		AE Eet address 7-st-zip					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, MARTIN 1845 TARPON LANE #G302 VERO BEACH, FL 32960	Delete		LE J ME LEET ADORESS Y-ST-ZIP	JUS 1823 Vec	stine MC 5 Turpe 10 Beach	A. Roa on Lan h, FL	CH e##1 3296	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		£			,		☐ Change	☐ Addition
indicated of the co	certify that the information supplied with d on this report or supplemental report in rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signa t as requ	ature shall ha	ave the s	same legal effec	t as if made un	der oath: tha	it I am an officei	r or director