


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 760158 1. Entity Name SUPER 8 CENTER ASSOCIATION, INC.	
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Principal Place of Business 11312 GLEN OAKS COURT NORTH PALM BEACH, FL 33408	Mailing Address 11312 GLEN OAKS COURT NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2129123	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHAEFER, CONRAD W
4152 W BLUE HERON BLVD #128
RIVIERA BCH., FL 33404

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

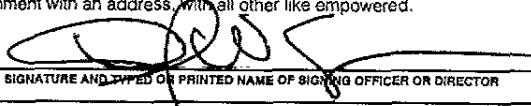
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, CONRAD W 4152 W. BLUE HERON BLVD. RIVIERA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEFER, GRETCHEN L 4152 W. BLUE HERON BLVD. RIVIERA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAGAN, GREGORY J. 4152 W. BLUE HERON BLVD. RIVIERA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000186154
01/21/05-80044-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1/14/05 DAYTIME PHONE #: 561-694-8382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR