2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 14, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # 760496 n ii condominium asso	CIATION, INC.			C	08-14-2006	90037	' 009 ****	51.25	
405 FLAGLER BLVD. 405 P. O. BOX 4004 P. C		Mailing Address 405 FLAGLER BLVD. P. O. BOX 4004 ST. AUGUSTINE, FL 3208	4			ARIN RIBIF IBNIF AN		02523		
2. Principal Place of Business 3. I		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07022006 C	hg-NP	CR2	2E037 (4/06)		
City & State		City & State	City & State		4. FEI Number 59-219610)5			Applied For Not Applicable	
Zip	Country	Zìp	Country		5. Certificate of S	tatus Desired		\$8.75 Ac	dditional	
	6. Name and Address of Current	Registered Agent		1	7. Name and Add	iress of New F	Registere	d Agent		
DUNN IM	OCENE		Name							
DUNN, IMOGENE 317 FLAGER BLVD., APT 1A SAINT AUGUSTINE, FL 32080			Street Address		.O. Box Number is	Not Acceptable	e)			
	·									
			City				F	L Zip Co	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registere	ed agent, or both, in	the State of Fi	orida. I a	ım familiar witt	1, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NQTE: Re	egistered Agent signatu	ure required v	when reinstating)		DAT	E		
	Filing Fee is \$61.25	9. Election Campa	aign Financing		\$5.00 May Be		Make che	eck payable		
D	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Campa Trust Fund Con	aign Financing ntribution.	0	\$5.00 May Be Added to Fees	Flor	lake che rida Dep	eck payable partment of S	State	
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DI 10. TITLE NAME STREET ADDRESS CITY-ST-2IP	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIF DAVIS, MARY 317 FLAGLER BLVD #10A ST AUGUSTINE, FL	9. Election Campa Trust Fund Con EECTORS	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	O A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flor	fake che rida Dep ERS AND	eck payable partment of \$ DIRECTORS I Change	State IN 10 Addition	
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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 any affachment with an address, with all other like pripowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>8/11/06</u>

888 - 213 - 83 oc