2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #762482



FILED Jan 23, 2008 8:00 am Secretary of State 01-23-2008 90010 035 ****61.25

1. Entity Name SMUGGLE ASSOCIA	ERS CO	VE BEACH RESO IC.	RT CON	NDOMINIUM								
Principal Place of Business 1501 GULF DRIVE NORTH BRADENTON, FL 34217			1501	Mailing Address 1501 GULF DRIVE NORTH BRADENTON, FL 34217			40008790					
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182008	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State				4. FEI Numbe 59-2219			_ `	oplied For ot Applicable	
Zip	O Country		Zip		Country			of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Register			Registere	d Agent	Nome		7. Name and	Address of New	Registered A	gent		
VALENTE, JAMES R 1501 GULF DRIVE NORTH BRADENTON, FL 34217						Name Street Address (P.O. Box Number is Not Acceptable)						
					City					Zip Code	<u>. </u>	
8. The above a	named entity	y submits this statement fo	or the purpo	ose of changing its r		registere	ed agent, or bot	n, in the State of	Florida. I am fa	`		
the congan	ona or regist	tered agent.										
SIGNATURE _	Signature, typed	for printed name of registered agent	and title if appl	icable (NOTE:	Registered Agent signatu	ure required y	when reinstation)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008					medisteren waant signatu		······································		DATE			
	_			9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	FI	Make check orida Depart			
	_		RECTORS	9. Election Cam	paign Financing		\$5.00 May Be Added to Fees	FI	Make check orida Depart	ment of St	tate	
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Indicated on this report or supplied with this illing does not quality 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #