## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 21, 2008 8:00 am Secretary of State

| 1. Entity Nam   | MENT # 763967 RES ASSOCIATION, INC.                            |   |  |  | 90032 007 ****70.00                |
|---|--|---|--|--|------------------------------------|
| Principal Place of Business<br>2215 73RD ST. E.<br>PALMETTO, FL 34221 |  | Mailing Address<br>2215 73RD ST. E.<br>PALMETTO, FL 34221 |  | 400 mm m              | (8/1 9/8/) 8/8/) 8/9/) 8/9/) 8/8/( |
| Principal Place of Business - No P.O. Box #                           |  | 3. Mailing Address  |  |  |                                    |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                       |  | 02132008 Chg-NP  | CR2E037 (12/06)                    |
| City & State  |  | City & State  |  | 4. FEI Number<br>65-0015574                            | Applied For<br>Not Applicable      |
| Zip   | Country  | Zip   | Country  | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required     |
| -   | -6. Name and Address of Curren                                 | t Registered Agent  | Name   | 7. Name and Address of New Rec                         | gistered Agent                     |
| ANDERSON, D.K. PRES 2215 73RD ST E                                    |  |   | Street Address (P.O. Box Number is Not Acceptable) |  |                                    |
| PALMETTO, FL 34221  |  |   | 2215   | 73rd St € Lo   | +314                               |
|   |  |   | CityPalm   | e tto  | FL Zip Code                        |
| 8. The above the obligated SIGNATURE                                  | tions of registered agent.                                     | Lemna   | egistered office or registr                        | ered agent, or both, in the State of Floring           | da. I am familiar with, and accept |
|   | Filing Fee is \$61.25<br>Due by May 1, 2008                    | 9. Election Cam<br>Trust Fund Ca                          |  |  | ke check payable to                |
| 10.   | OFFICERS AND D   | <del></del>   | 11.  | ADDITIONS/CHANGES TO OFFICERS                          |                                    |
| NAME STREET ADDRESS CITY-ST-ZIP                                       | ANDERSON, JACKIE<br>2215 73RD STE E 5<br>PALMETTO, FL 34221    | <b>Del</b> Delete   | STREET ADDRESS 22                                  | metlo, FL 3422   | Change 🗈 Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | VP<br>ZECK, FRED<br>2215 73RD ST E 169<br>PALMETTO, FL 34221   | ( <b>∑</b> P 5elete                                       | STREET ADDRESS 22<br>CITY-ST-ZIP Pal               | chard Judkins<br>15 73rd StE Cot<br>Incho, FL 34221    | □ Change □ Addition 389            |
| NAME STREET ADDRESS CITY-ST-ZIP                                       | S<br>BREWER, DONNA MAE<br>2215 73RD ST E<br>PALMETTO, FL 34221 | <b>□</b> Delete   | TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Par         | arbara Micligal<br>15 73rd st & lot<br>netto, FL 34221 | ☐ Change ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | T<br>MOORE, MAE<br>2215 73RD ST #363<br>PALMETTO, FL 34221     | <b>S</b> Delete   | 100 F  | nda Lysher<br>1573, a St E Ut O<br>Inetto, FL 34221    | ☐ Change ☐ Addition                |
| TITLE NAME STREET ADDRESS   | D<br>ZECK, FRED<br>2215 73RD ST #363                           | ☐ Delete  | TITLE NAME STREET ADDRESS                          |  | ☐ Change ☐ Addition                |
| CITY-ST-ZIP   | PALMETTO, FL 34221   |   | CITY-ST-ZIP  |  |                                    |

12. Thereby 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daysme Phone #