## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 764653

## **FILED** Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90045 034 \*\*\*\*61.25

PROCEDITIVE OF DESTREAMS AND DIRECTORS  FILING FOR 1843. SALES AND DIRECTORS  FOR 1843. SALES A	1. Entity Nam	ne	M OWNERS AS	SOCIA	TION, INC.					1 23 2000	700 <b>1</b> 3 03	. 01	.25
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1122006   Chg-NP   CR2E37 (11/05)	901 GULF DR S				P.O. BOX 25				ե0004967				
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  Starts Address of Current Registered Agent  CAMELLIA PROPERTIES  C/O DANI TALLEY  P.O. BOX 25, 1890,98849-098.A  (SOO GLIF DY. N.)  City  FL  City  FL  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  City  FL	2. Principal P	lace of Busines	s	3. Mai	3. Mailing Address								
Text   Properties   Propertie	Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				01122006 <sub>C</sub>	thg-NP	CR2E03	7 (11/05)	
8. Name and Address of Current Registered Agent  CAMELLIA PROPERTIES C/O DAN TALLEY P.O. BOX 25, 1800/06/WAR-DRAM LONGBOAT KEY, FL 34228  8. The above named artily submits this statement for the purpose of changing its registered Agent advises (P.O. Box Number is Not Acceptable)  City FL  City FL  Zip Code  City FL	City & State				City & State			-		23			<del></del>
CAMELLIA PROPERTIES C/O DAN TALLEY P.O. BOX ZG, 1800/GMARADRAM LONGBOAT KEY, FL 34228  8. The above named entity submiss this sistement 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  FILING Foe is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME PASQUALETTI, TRICIA 1818 MILES STANDISH LANE PASQUALETTI, TRICIA 1818 MILES STANDISH LANE UNDSON, OH 44236  TITLE NAME ONZALEZ, TERESA OSC CHT-ST-2P  TITLE NAME STRET ADDRESS CHT-ST-2P  TITLE NAME STRET A	Zip	Zip Country		Ziş	Zip		ountry 5. Co		5. Certificate of S	itatus Desired			
CARRELLIA PROPERTIES (C) DAN TALLEY P.O. BOX 25. 1800/SMARADRAN LONGBOAT KEY, FL 34228  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or phrase dum of ingistered agent and title acceptance.		6. Name ar	nd Address of Current	Registere	ed Agent		None		7. Name and Ad	dress of New R	legistered A	gent	
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	_ i						taketta						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Pilling Foo is \$61.25   9. Election Campsign Financing Trust Fund Contribution.   \$5.00 May Be Added to Foos   Make check payable to Florida Department of State			34228 Bra	dent	M Beach	FL	City			<del></del>	FL	Zip Code	,
SIGNATURE    Filling Fee is \$61.25   Due by May 1, 2006   Processor and the is approach agent and the is approach agent and attention of the part agent agent and attention of the part agent ag			ubmits this statement f	or the purp	ose of changing its	register	l ed office or	r register	red agent, or both, in	n the State of Flo		I miliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2006  10. OFFICERS AND DIRECTORS Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PASQUALETTI, TRICIA 181 MILES STANDISH LANE HUDSON, OH 44238  TITLE OOR CHARGE GIY-ST-2P  TITLE PASCUELT TERESA 603 CHASTAIN ROAD SEFFNER, FL 33584  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  TAETLE, SHIRLEY 9556 S WINCHESTER AVE CITY-ST-2P  CHICAGO, IL 60643  TITLE NAME SIREET ADDRESS CITY-ST-2P													
Trust Fund Contribution.    Added to Fees   Florida Department of State	<u>'</u>	Signature, typed or p	printed name of registered agen	t and title II app	plicable. (NOR	E: Registere	d Agent signat	rive tedinited	when reinstating)		DATE		
TITLE NAME PASQUALETTI, TRICIA STREET ADDRESS CITY-ST-ZP HUDSON, OH 44236  TITLE NAME GONZALEZ, TERESA 603 CHASTAIN ROAD SIEFF NER, FL 33584  TITLE NAME TAETLE, SHIRLEY SIEEF ADDRESS CITY-ST-ZP CHICAGO, IL 60643  TITLE NAME STREET ADDRESS CITY-ST-ZP CHICAGO, IL 60643	-					_			4-14- may by				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND D	RECTORS		11,		,	ADDITIONS/CHANG	SES TO OFFICE	RS AND DIR	ECTORS IN	10
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NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	NAME Street adoress				□ Delete	NAM STRE	E ET ADORESS					☐ Change	☐ Addition
43. I becally earlify that the information expedied with this filing does not explify for the exemptions contained in Chapter 119. Florida Statutes. I further partie, that the information	NAME STREET ADDRESS					NAM STRE CITY	E ET ADORESS - ST-ZIP		Lie Chanter 440 T			•	

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

SIGNATURE: