## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 14, 2008 8:00 am Secretary of State

02-14-2008 90031 004 \*\*\*\*61.25

8539

1. Entity Name



DR. PHIL	LIPS COMMUNITY ASSOC	IATION, INC.							
Principal Place of Business 60 WEST ROBINSON STREET PO BOX 3753 ORLANDO, FL 32802-3753		Mailing Address C/O J.A. HINSON PO BOX 3753 ORLANDO, FL 32802-375	3			40023	II <b>F</b> IVII BIBII 8	EN BIBN BIRN DI	11118f 81 148L
	Place of Business - No P.O. Box #	3. Mailing Address							
	. Robinson St.	c/o Robert L	<u>. Mell</u>	<u>en I</u> II					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>.</b>	01	1102008 Ch	ng-NP	CR2EC	37 (12/06)	
Of last	đo, FL	60 W. Robins City & State Orlando, FL	ion St.	4.	FEI Number 59-237272	8			pplied For ot Applicable
<sup>Zip</sup> 280:	1 Country	Zip 32801	Country	5.	Certificate of St	atus Desired	. 🗆	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			Name and Add			Agent	
HINSON,	JAMES A.		Name	Robert	t L. Me	llen I	II		
60 W. RÓ	BINSON ST.		Street A	ddress (P.O.	Box Number is I	Not Acceptable	e)		
ORLANDO	D, FL 32801		60	West I	Robinso	n Street	<u> </u>		
			City			i bule	FL	Zip Cod	
9 The above	s samed patity submits this statement to	the aurage of changing its regi		rlando		the Clate of Ele		- 1 328	
	e named entity submits this statement to tions at registered agent.	r the purpose of changing its regi	isterea office o	r registered a	gent, or both, in	the State of Fig	orida. Larr	ramiliar with	, and accept
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SIGNATURE	Idobet & Macon	The Robert L.		<del></del>	<del></del>	nt /	1-28	-08	
	Signature, typed or printed name of registered agent a	and tipe & acolicable. (NOTE: Hed	gistered Agent signat				DATE		
		(1012.110	,	are required wrett	i dinakasi (g)		2.772		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campai Trust Fund Contr	ign Financing	\$5.	.00 May Be		lake chec	k payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Campai Trust Fund Contr	ign Financing	□ <b>\$5</b> .	.00 May Be	Flor	lake chec rida Depa	rtment of S	V 10
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

Wellen III 1-28-08 407-422-610

SI	GI	NΔ	TI	IR	F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-422-6105

Daylime Phone #