## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #790972**

1. Entity Name



FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90373 001 \*\*\*\*61.25

Mailing Address   SUFE 21   SUFE 2	OCEAN	CLUB HC	DUSING ASSOCIAT	FION II	NC							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   City & State   A. FEI Number   Sp-1269013   RApplied For   Not Applicable   Sp-1269013   RApplied For   Sp-1269014   Rapplied For   Sp-1269014   Rapplied For   Rapplied For   Sp-1269014   Rapplied For   Rapp	333 17TH STREET SUITE 2L			333 Suit	333 17TH STREET SUITE 2L			A PROMETER TO	DIN BAMA (2011 )-2016 115	() 81PH 519K 818		BYIBI DI (BBI
City & State  Ci	2. Principal Place of Business			3. Mailing Address								
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & City & State	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01032006	Cha NP	CDSENS	7 (11(05)		
E. Neme and Address of Current Registered Agent  F. Neme and Address of New Registered Agent  F. Neme and Addre	City & State			City & State				4. FEI Number		Crzew		pplied For
ROMANO, ALAN P A.R. CHOICE MANAGEMENT, INC. 333 17TH STREET SUITE 21.  VERO BEACH, FL 32960  TILE  PUBLISHED TO SUITE 21.  VERO BEACH, FL 32960  TILE  NOTE Representation of registered agent.  Display May 1, 2006  TILE  NAME  PER BEACH, FL 32960  TILE  NAME  NOTE Representation of registered agent.  Display May 1, 2006  TILE  NAME  NOTE Representation of registered agent.  Display May 1, 2006  TILE  NAME			Zip Cou			ıntry						
ROMANO, ALAN P A.R. CHOICE MANAGEMENT, INC. 333 17TH STREET - SUITE 2L VERO BEACH, FL 32960  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    Signature   Surear, index ormer name of registered agent and the # submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    Signature   Surear, index ormer name of registered agent and the # submits in a statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    Signature   Surear, index ormer name of registered agent.   Only   Statement   Only   Only				Register						LJ (	Fee Require	
AR. CHOICE MANAGEMENT, INC. 333 17TH STREET - SUITE 2.  VERO BEACH, FL 32960  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  Code  City  City  FL  Zip Code  Code  City  City  FL  Zip Code	POMANIO		Tara Model of Contain	.cogiocoi	ou rigoin		Name	(!:00110 00100 2	OCCUPANT NOW I	ofiste of v	Serie	
City FL 2ip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	A.R. CHOICE MANAGEMENT, INC.						Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of chenging its registered affice or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.    Signature												
SIGNATURE    Pilling Fee is \$81.25   Due by May 1, 2006   Pilling Fee is \$81.25   Due by May 1, 2006   Pilling Fee is \$81.25   Pilling Pee is \$81.25	A 27										1	
Pilling Fee is \$81.25	8. The above the obliga	named entit tions of regis	ty submits this statement for tered agent.	r the purp	ose of changing its	register	ed office or register	red agent, or both	, in the State of Fit	orida. I am f	amiliar with,	and accept
Filing Fee is \$81.25 Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITE NAME HEIM, HERBERT 333 17TH STREET - SUITE 2L UPO NOBILE, WILLIAM SIMET ADDRESS CITY-S1-2P  VERO BEACH, FL 32960  TITLE NAME COONEY, CAROL SIMET ADDRESS SITH STREET - SUITE 2L CITY-S1-2P  VERO BEACH, FL 32960  TITLE NAME COONEY, CAROL SIMET ADDRESS SITH STREET - SUITE 2L CITY-S1-2P  VERO BEACH, FL 32960  TITLE NAME COONEY, CAROL SITH STREET - SUITE 2L CITY-S1-2P  VERO BEACH, FL 32960  TITLE NAME COONEY, CAROL SITH STREET - SUITE 2L CITY-S1-2P  VERO BEACH, FL 32960  TITLE D Delete TITLE NAME COONEY, CAROL SITH STREET - SUITE 2L CITY-S1-2P  VERO BEACH, FL 32960  TITLE D DELET D DELET D DELET TITLE NAME SITH STREET - SUITE 2L CITY-S1-2P  VERO BEACH, FL 32960  TITLE D DELET D DELET D DELET SITH STREET - SUITE 2L CITY-S1-2P  TITLE D DELET SITH STREET - SUITE 2L CITY-S1-2P  TITLE D DELET SITH STREET - SUITE 2L CITY-S1-2P  TITLE D DELET SITH STREET - SUITE 2L CITY-S1-2P  TITLE SITH STREET - SUITE 2L CITY-S1-2P  TITLE D DELET SITH STREET - SUITE 2L CITY-S1-2P  TITLE SITH STREET - SUITE 2L CITY-S1-2P  TITLE D DELET SITH STREET - SUITE 2L CITY-S1-2P  TITLE SITH STREET - SUITE 2L CITY-S1-2P  TITLE D DELET SITH STREET - SUITE 2L CITY-S1-2P  TITLE SITH ADDRESS SITH ADDRESS CITY-S1-2P  TITLE SITH ADDRESS SITH ADDRESS CITY-S1-2P  TI	SIGNATURE											
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD		Signature, typed	for printed name of registered agent a	and title if app	plicable. (NOT	E: Registere	d Agant signature required	d when reinstating)		DATE		
TITLE NAME HEIM, HERBERT Delete HEIM, HERBERT SUITE 2L STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME NAME NOBILE, WILLIAM STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME NAME NOBILE, WILLIAM STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME NAME NAME NAME NAME NAME NAME NAM	, · · · · · · · · · · · · · · · · · · ·							\$5.00 May Be Added to Fees				
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HEIM, HE 333 17TH VERO BE VPD NOBILE, 333 17TH VERO BE SD COONEY 333 17TH VERO BE TD LARSON, 333 17TH VERO BE D DIKE, CH 333 17TH	RBERT I STREET - SUITE 2L ACH, FL 32960 WILLIAM I STREET - SUITE 2L ACH, FL 32960 , CAROL STREET - SUITE 2L ACH, FL 32960  GERALD STREET - SUIT 2L ACH, FL 32960  ARLES STREET - SUITE 2L	ECTORS	Defete Defete Defete	TITLE NAME STREE CITY- TITLE	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	ADDITIONS/CHAP	NGES TO OFFICE		Change Change Change Change	Addition Addition Addition
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