2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # N00000000 ONY NEIGHBORHOOD AS						90064 046 ***	*61.25
Principal Place 432 OSCEOL JACKSONVILL		Mailing Address 432 OSCEOLA AVE JACKSONVILLE BEACH, FL	32250				Y Isin sani asin bila bila bisa i	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052007 Chg	-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-3634949		<u> </u>	pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of State	us Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Reg	gistered Agent	
MCGARVEY, JAMES N 2453 SOUTH THIRD STREET				Name May Management Services Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE BEACH, FL 32250				5455 AIA Sowh				
			City S		ugustine	<u> </u>	FL Zip Co	de Re
the obligat	Signature typed or priviled name of registered agent	and Me 1 application (NOTE F	And Williams	(A)	Y Q () U	2,	/ <u>3</u> //0>	
			/					
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor			55.00 May Be added to Fees		ke check payable la Department of S	
10.		Trust Fund Cor		LJ À		Florid	la Department of S	State
TITLE	OFFICERS AND DIE	Trust Fund Cor	11.	AD AD	Added to Fees	Florid	la Department of S	State
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

Daytime Phone #