2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

1. Entity Narr	MENT # N00000005						03-27-2000	5 902/5 (J09 ****6	01.25
79 MASTERS DRIVE 79 M		Mailing Address 79 MASTERS DRIVE ST AUGUSTINE, FL 320	MASTERS DRIVE						50005	991
2. Principal Place of Business		3. Mailing Address					JUN 11111 11111 11111 1	IIII 1111 1111 11111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02102006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State			E0 2726400			pplied For lot Applicable		
Zip	Country	Zip	Cou	intry			of Status Desired	1 🕠	\$8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered	Fee Require	<u></u>
THE NEIGHBORHOOD MANAGERS, INC.				Name		·				
C/O JANIC	CE L HERREN ERS DRIVE					P.O. Box Numbe	r is Not Accepta	ble)		
	STINE, FL 32084				· · · · ·					•
				City				F	Zip Cod	de
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistere	ed office or	r register	ed agent, or bot	n, in the State of	Florida. I an	n familiar with	, and accept
trie obligat	tions of registered agent.	and the second second		•			_ 2 2 2	,	٠.	
SIGNATURE			T1					 -		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signat	beniupen anu	when reinstating)		DATE		
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May-1, 2006	and title if applicable. (NOTE: 9Election Cam	paign F	inancing			3	DATE	ck payable artment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9Election CamTrust Fund Ca	paign Fontributi	inancing to		when reinstating) \$5.00 May Boundard to Fees	3	Make che	DIRECTORS I	N 10
6'	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Cam Trust Fund Co	paign Fontributi	inancing	P	when reinstating) \$5.00 May B. Added to Fees DDITIONS/CHA	- FI	Make che	ertment 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.

CITY-ST-ZIP

SIGNATURE: 🙏

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-06

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