ANNUAL REPORT

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Mar 12, 2007 8:00 am Secretary of State

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	RD POND CONCERNED PR ATION, INC.	OPERTY OWNERS			(U 3- 12-2007	90104 00	3 ****6	01.23	
	ce of Business DISE LAKES ROAD 32428	Mailing Address 2859 PARADISE LAKES F CHIPLEY, FL 32428	ROAD							
	Place of Business - No P.O. Box #	3. Mailing Address 29 26 11 AA-0156	- LAUFS	Lo						
Suite, Apt	71741 1201 1174	Suite, Apt. #, etc.			3082007 _C	thg-NP	CR2E037	(12/06)		
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Zip 329		Zip 32428	Country A		Certificate of S		<u> </u>	8.75 Add se Require		
	6. Name and Address of Current	Registered Agent	Name		Name and Ad		legistered Ac	ent		
BIGGINS, ERICA T				Name TAIPALUS JOHN W						
2859 PAR	ADISE LAKES RD. FL 32428		Street Address ((P.O. Box Number is Not Acceptable) O PARA O (SE LAILES LO				
			City	r// A .				Zip Cod	9 0	
			-	HIPLE	7		FL	32	420	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office o	r registered a	igent, or both, ir	n the State of Flo	orida. I am fa	miliar with,	and accept	
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CIONATION	More in Time	2-1-								
SIGNATURE	Storydure, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Topistared Agent signat	ure required when	reinstating)		DATE			
SIGNATURE	Stopphere, typed or printed name of registered general Filling Fee is \$61.25 Date by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	_ \$5	.00 May Be	1	DATE lake check (ida Departn			
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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.

ITILE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TILE

HAME

STREET ADDRESS

Delete

☐ Change ☐ Addition