2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003961

SIGNATURE:



FILED Feb 15, 2008 8:00 am Secretary of State

	MS AT SEVEN HILLS HO	MEOWNERS		02-15-2008 90005 027 ****61.25	
Principal Plac	e of Business	Mailing Address			
3300 Commercial Way Spring Hill, Fl. 34606-2617		3300 Commercial Way Spring Hill, Fl. 34606-2617			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number Applied For 59-3736882 Not Applied For	le
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	_
	HARLES mercial Way I, Fl. 34606-2617		Street Addres	ss (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	_
SIGNATURE :	Signature, typed or printed name of registered ages Filling Fee Is \$61.25 Due by May 1, 2008		E: Registered Agent signature requirements and agent signature req	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	I IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLER, RICHARD 227 ROYAL PALM WAY SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	n
TITLE Name Street address City-St-Zip	VP RUGGERIO, SALVATORE 375 ROYAL PALM WAY SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	п
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARPLEY, LATREETHA 233 ROYAL PALM WAY SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FONZO, FRANK 232 ROYAL PALM WAY SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Change Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1
12. I hereby of indicated of the correctional	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee of or on an attachment with a adduction	h this filing does not qualify for its tole and accurate and that no owered to execute this report with all other the empowered.	the exemptions containing signature shall have the as required by Chapter 6	ned in Chapter 119, Florida Statutes. I further certify that the information ne same legat effect as if made under oath; that I am an officer or director 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if	