2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2007 8:00 am Secretary of State

DOCUMENT # N0100006922 1. Entity Name COMMUNITY ASSOCIATIONS FOR THE ENVIRONMENT, INC.						01-10-20)07 90047	036 ****6	51.25	
101 MILANO DR 10		Mailing Address 101 MILANO DR ISLAMORADA, FL 33036	101 MILANO DR		40	000933	3			
2. Principal Place of Business - No P.O. Box # 3. Mail		3. Mailing Address	ailing Address			[]				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062007	Chg-NP	CR2E	37 (12/06)		
City & State		City & State			4. FEI Numbe NOT AP	PLICABLE	••	 	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ы []	\$8.75 Add Fee Required	litional d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
ZIOMEK, JOE		Name								
101 MILAN			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	·							1-0		
			City	PL						
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or	registere	ed agent, or bot	n, in the State o	f Florida. I am	familiar with,	and accept	
OVOLUATI IDE										
SIGNATURE										
0.0.0	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signets	ure required	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2007	nd life if applicable. (NOTE: Re 9. Election Campa Trust Fund Con	aign Financing		\$5.00 May 8 Added to Fees	,	Make ched	k payable to		
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Bound Added to Fees	WGES TO OFF	Make chec Florida Depa ICERS AND D	RECTORS IN	10	
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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: MUNIC SWINCH DIANE ZIONEK 1-

1-07-07

Daytime Phone #