2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000008502



04-19-2007 90216 044 ****61.25

Apr 19, 2007 8:00 am Secretary of State

FILED

	OAT SUN CITY CENTER F MINIUM ASSOCIATION, INC		To the state of th						
Principal Place of Business 9411 CYPRESS LAKE DRIVE STE 2 FORT MYERS, FL 33919		Mailing Address 9411 CYPRESS LAKE DRIVE STE 2 FORT MYERS, FL 33919			111000 10 1011	11 5 11 11 121 11 111 11 11			KIN II NIN
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007 CI	ng-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-375931	1			plied For t Applicable
Zip	Country	Zip Cou		гу	5. Certificate of St	atus Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New F	Registered A	gent	
BOB GELLES C/O SCHOO MANAGEMENT 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919				Name Street Address (P.O. Box Number is Not Acceptable)					
ì.			City				FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered	office or reg	gistered agent, or both, in	the State of Fl	orida. I am f	amiliar with,	and accept
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0.01/15/105									
SIGNATURE .	Signature, typed or printed name of registered agen	it and title il applicable. (NOTE	E: Registered Ag	gent signature re	equired when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the regeneracy 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 of the corporation of the regeneracy of the corporation of the regeneracy of the corporation of the regeneracy of the regeneracy of the corporation of the regeneracy of the rege

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #