2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # NO1478

Entity Name



Mar 21, 2007 8:00 am Secretary of State 03-21-2007 90043 015 ****61.25

FILED

ASSOCIATION, IN			
Principal Place of Busines	s	Mailing Address	
2335 9TH ST. N SUITE 505-GULFVIEW NAPLES FL 34103 US		2335 9TH ST. N SUITE 505-GULFVIEW NAPLES FL 34103 US	
2. Principal Place of Busin	ness - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DP	Principal Plac	ce of Business	Mailin	ng Address		,				
2. Minimum Surface Process Proc. Soc # 2. Maillaing Address Surface Apt. #, etc. Approach for NO-T APPLICABLE Approach for Surface Apparent Approach for No-T APPLICABLE Appl	2335 9TH ST. N 2335 9TH ST. N SUITE 505-GULFVIEW NAPLES FL 34103 NAPLES FL 34103									
C by & Sale C	2. Principal F	Place of Business - No P.O. Box #	3. Mai	iling Address			* *************************************	2010: Hall 619H #526: 13H 811	ii BiBi 2191 2191 61	6## 81 81 188 1
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S. Country Zip Country S. Continue and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name and Add	City & State Ci		ly & Slate							
Name	Zip	Country	Zip	p	Cou	intry		-	\$8.75 Add	litional
GULFVIEW PROPERTY MGMT. 2335 9TH ST. NO.		6. Name and Address of Curre	nt Registere	ed Agent		Name	7. Name and Addr	ess of New Registe	ered Agent	
2335 9TH ST. NO. #5005 NAPLES FL 34103 City FL Zip Code City FL	CHI EVIEW PROPERTY MONT									
NAPLES FL 34103 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Company Compa	2335 9TH ST. NO.					Street Address (P.O. Box Number is N		lot Acceptable)	_	
8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Syndrone Appetent private name of registered agent with the applicable. (NOTE Registered Agent agrance recurred when removing) DATE	NAPLES FL 34103					City	* ·		Zip Cod	9
SIGNATURE Signature Street Stree	8. The above	e named entity submits this statement	for the purp	ose of changing its	registere	ed office or rea	istered agent, or both, in t			and accept
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III			· · · · · · · · · · · · · · · · · · ·		\$5.00 May Be Added to Fees					
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indicated on this report or supplemental report is true and ascurate 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 of 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