


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003139</b> 1. Entity Name NIGHTINGALE CENTER ASSOCIATION, INC.	
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Principal Place of Business 100 NIGHTINGALE LANE GULF BREEZE, FL 32561 US	Mailing Address 100 NIGHTINGALE LANE GULF BREEZE, FL 32561 US
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07032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0478501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LUBKOWITZ, ADELA F  
100 NIGHTINGALE LANE  
GULF BREEZE, FL 32561

**DO NOT WRITE  
IN THIS SPACE**

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

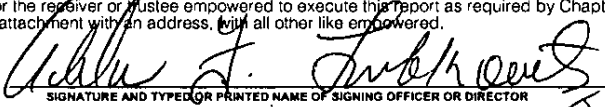
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000767015 07/05/07-80007-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FITE, DONNA 206 CENTER RD GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTTENSMEYER, MARGARET 206 CENTER RD. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUBKOWITZ, ADELA F 100 NIGHTINGALE LANE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUBKOWITZ, JOAQUIN 100 NIGHTINGALE LANE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBKOWITZ, JOAQUIN 100 NIGHTINGALE LANE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **7/3/07** **650-932-1433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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