2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N02000003957

Entity Name: FSMTA ASSOCIATION SERVICES, INC.

Current Principal Place of Business:

1870 ALOMA AVENUE
SUITE 260
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1870 ALOMA AVENUE
SUITE 260
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 81-0555115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUPP, LYNN
1870 ALOMA AVENUE
SUITE 260
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	MCCONNELL, DEBORAH D	
Address:	14505 CYPRESS TRACE COURT #203	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	VD	( ) Delete
Name:	PADGETT, MARION	
Address:	1107 IOWA AVE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	TD	( ) Delete
Name:	HALL, CAROLYN	
Address:	7800 SE 121 PLACE	
City-St-Zip:	BELLEVIEW, FL 34420	
Title:	M	( ) Delete
Name:	HUPP, LYNN	
Address:	1870 ALOMA AVENUE SUITE 260	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	PD	( ) Delete
Name:	GILBERT, MAUREEN	
Address:	3122 RIVER VILLA WAY	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	SD	( ) Delete
Name:	LEHNERTZ, HEATHER	
Address:	325 PINE TREE DR	
City-St-Zip:	INDIALANTIC, FL 32903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN HUPP M 01/31/2008

Electronic Signature of Signing Officer or Director — Date