2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # N0200006837 1. Entity Name SDS ASSOCIATION, INC.							04-16-2008 90018 039 ****61.25				
723 BEN FRANKLIN DRIVE 723			ng Address BEN FRANKLIN DRIVE ASOTA, FL 34236				60023962				
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04132008	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Numbe 02-0420			Ap	plied For
Zip Country		Zip)	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				itional		
	6. Name and Address of Curren	t Registere	d Agent	-			7. Name and	Address of New F	Registered		 -
DALUGAA		Name				 					
DAHLGAARD, ERIK 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236				Street A	Address (P.O. Box Numbe	r is Not Acceptabl	e)			
					City				FL	Zip Code	e
the obligations signature.	named entity submits this statement ons of registered agent. Stgnature, typed or printed name of registered agent.						ed agent, or both	n, in the State of Fi	orida. I am	familiar with,	and accept
·	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Make check payable to Added to Fees Florida Department of State					
10.	OFFICERS AND D	IRECTORS		11.			ADDITIONS/CHA	NGES TO OFFICE	RS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTAFSON, ROBERT L 140 TEN ROD ROAD ROCHESTER, NH 03867		☐ Delete	TITLE NAME STREE						☐ Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEHRE, JOSEPH 5 THOMAS STREET ROCHESTER, NH 03867		Delete			TD GUSTI 140 ROCH	AFSON, ROL TEN ROD H HESTER, N	BERTL. 10AD 11 03867		☑ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SD DAHLGAARD, ERIK 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236		☐ Delete	•						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			VP BROA 197 SAR	DDRICK, C BEN FRANK ASOTA, FL	HARLES LINDRIVE . 34236		☐ Change	Addition
FIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					-		☐ Change	☐ Addition
NAME STREET ADDRESS CHY-SI-ZIP 12. I hereby o	certify that th <u>e inf</u> ormation supplied wi on this rectorl or Supplemental report	th y this filing	Delete	City	E Et address -st-zip	contained	I in Chapter 119,	Florida Statutes. I	further cer	☐ Change	Addition

indicated on this report or supplemental report of 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 empewered 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.

| Contact |