


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

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000008268 1. Entity Name 64 CENTER EAST ASSOCIATION, INC.	
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Principal Place of Business 5215 SR 64 EAST BRADENTON, FL 34208	Mailing Address P.O. BOX 449 ELLENTON, FL 34222
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1213927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, THOMAS B 32 TIDY ISLAND BLVD BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BROWN, THOMAS B JR. 815 - 20TH AVE WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JANE V 32 TIDY ISLAND BLVD BRADENTON, FL 34210
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03/09/07-80005-014 61.25

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: *Thomas B. Brown* **2/29/07** **941-741-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS B. BROWN