2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2005 8:00 am Secretary of State

DOCUM	MENT # N02212		O THE		02-0	9-2005 9	0056 01	5 ****61	1.25
1. Entity Name	M SEVEN SENIOR CITIZEI	NS COMMUNITY							
Principal Place of Business 1325 N ATLANTIC AVE STE 170 COCOA BEACH, FL 32931 US		Mailing Address 1325 N ATLANTIC AVE STE 170 COCOA BEACH, FL 32931 US			5	UU)	28	7	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0202	22005 Chg-	NP	CR2E037	7 (10/03)	
City & State		City & State			Number 9-2423206				plied For t Applicable
Zip	Country	Zip	Country	5. Ce	ertificate of Status	s Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent		7. Na	me and Addres	s of New Re	gistered A	gent	
DALY, GALE 1325 N. ATLANTIC AVENUE				Name Street Address (P.O. Box Number is Not Acceptable)					
#170 COCOA BEACH, FL 32931					<u> </u>				
			City				FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	registered age	nt, or both, in the	State of Flor	rida. I am fa	miliar with,	and accept
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SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signatu	e required when rein	nstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Fitting Fee'is \$61:25 Due by May 1, 2005	t and utte if applicable. (NOTE: - 9. Election Cam Trust Fund Co	paign Financing		O May Be to Fees		DATE ske check da Departi		
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.0 Added	O May Be	Flori	ike check da Departi	ment of S	ate
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12. I. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Date Seleman 2-2-05

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #