## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 18, 2008 8:00 am Secretary of State

DOCUMENT # N03000003033  1. Entity Name WALDO ASSOCIATION OF RESIDENTS AND MERCHANTS, INC.					08-18	3-2008 9	·	****61.2	25
POST OFFICE	E BOX 185 (1: 19 32694 Ma	Mailing Address 13958 NE 140TH LAN WALDO, FL 32694	e o resp		· I HENÁ) III IEIFA H				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	<b>Υ</b>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0	4132008 Chg	-NP	CR2E03	37 (12/06)	
City & State		City & State		4.	FEI Number 14-1896997			-	oplied For of Applicable
Zip	Country	Zip	Country	5.	. Certificate of Statu	ıs Desired		\$8.75 Ade	ditional
	6. Name and Address of Current	Registered Agent		7.	Name and Addres	ss of New I	Registered A		<del>-</del>
COMELL	EDED 0	J .	Nam		cash	A '	<u> </u>	e)(	
SOWELL, FRED C 13958 NE 140TH LANE Decease d WALDO, FL 32694				Street Address (P.O. Box Number is Not Acceptable)					
WALDO, F	-L 32694 -		1=	3598	NE 14	Oth A	ane		
			City	Wald	D		FL	Zip Cod	94
	named entity submits this statement for	or the purpose of changing its	registered offic	e or registered a	agent, or both, in the	e State of Fl	lorida. I am	familiar with,	and accept
the obligat	tions of registered agent.	<b>.</b> .		. 1			_		
	Darah & Darive	Il Sarah	R.Sc	use !!			8-14	-08	
CICNIATI IDE				, ,					
SIGNATURE	Signature, typed or printed name of registered agent			gnature required when	n reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008	t and title if applicable. (NOT)	E: Registered Agent si mpaign Financir	ignature required where	5.00 May Be ded to Fees		DATE Make check	c payable t	
SIGNATURE	Filing Fee is \$61.25	9. Election Car Trust Fund C	E: Registered Agent si mpaign Financir	ignisture required where	5.00 May Be	î Fîo	DATE Make check rida Depar	c payable t	tate
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

My 15 - 2008 468-117