

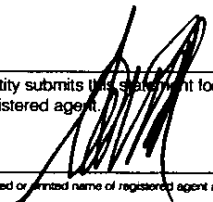
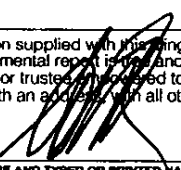


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90016 021 \*\*\*\*61.25

<b>DOCUMENT # M03000005881</b> 1. Entity Name <b>DONALD ROSS/MILITARY PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box # <b>4650 Donald Ross Rd</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Palm Beach Gardens</b> Zip <b>33418</b>		3. Mailing Address <b>4650 Donald Ross Rd</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Palm Beach Gardens</b> Zip <b>33418</b>			
02282008 Chg-NP CR2E037 (12/06)				4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAMILTON, TOM 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Andrew Brock</b> Street Address (P.O. Box Number is Not Acceptable) <b>4650 Donald Ross Rd, Suite 200</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DREWS, ROBERT 1013 N. STATE ROAD 7 ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAMILTON, TOM 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BROCK, PETER <del>4551 FORUM PLACE, SUITE 100</del> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4650 Donald Ross Rd, Suite 200 Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GOSLIN, ANNETTE 1013 N. STATE ROAD 7 ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SVD ANDREW BROCK 4650 Donald Ross Rd, Suite 200 Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this report 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					