2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000007652



FILED Apr 28, 2006 8:00 am Secretary of State

1. Entity Name NATURE COAST LANDINGS STORAGE ASSOCIATION, INC.					(04-28-2006	90205 042	2 ****61.2	25	
Principal Place of Business 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428		Mailing Address 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428			60030783					
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082006	Chg-NP	CR2E0	37 (11/05)		
City & State		City & State			4. FEI Number 20-0655		_	 	oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate o	of Status Desired	d 🔲	\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of Nev	w Registered	Agent		
			Name							
WEST, CARLENE M 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428			Street /0/	Address (P.O. Box Number is Not Acceptable) 7.3 Al JUNCOAST GLV D						
O.C.O.A.E	10121,10 01120									
			City	CRYSTAL RIVER FL 34428						
	named entity submits this statement for	the purpose of changing its re	egistered office	or register	ed agent, or both	, in the State of	Florida. I am	familiar with,	and accept	
the obligat	tions of registered agent.	112					,			
								,		
SIGNATURE (Somal Ci	J.	AMES F	P EY.	STER		4/22/	06		
SIGNATURE.	Signature typed or printed name of registered agent a		AMES F Registered Agent sign				4/22/	06		
SIGNATURE	Signature typed or printed name of regastered agent a Filling Fee Is \$61.25 Due by May 1, 2008		Registered Agent sign paign Financing	ature required		· .	Make chec	k payable triment of S		
SIGNATURE	Filing Fee Is \$61.25	9. Election Cam Trust Fund Co	Registered Agent sign paign Financing	eture required	\$5.00 May Be	F	lorida Depa	rtment of S	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 an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR