
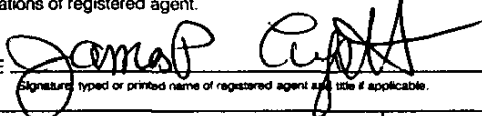



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90205 042 ****61.25

DOCUMENT # N03000007652			
1. Entity Name NATURE COAST LANDINGS STORAGE ASSOCIATION, INC.			
Principal Place of Business 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428		Mailing Address 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEST, CARLENE M 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428		Name <u>EYSTER, JAMES P</u> Street Address (P.O. Box Number is Not Acceptable) <u>10173 N SUNCOAST BLVD</u> City <u>CRYSTAL RIVER</u> FL Zip Code <u>34428</u>	
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:  <small>Signature typed or printed name of registered agent and title if applicable.</small>		JAMES P EYSTER <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEST, PEGGY 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUSH, JAMES M 10173 N SUNCOAST BLVD #38 CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIGI, RANDY 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZGERALD, JAMES 10173 N SUNCOAST BLVD #37 CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, CARLENE 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEST PEGGY M 10173 N SUNCOAST BLVD #39 CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGNETTI, DONALD 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F FARRINGTON, JOHN D 10173 N SUNCOAST BLVD #85 CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUSH, JIM 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVIN, RAY 10173 N SUNCOAST BLVD #57 CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PEGGY M BEST, SEC 4/22/06 352-447-4098 <small>Date Daytime Phone #</small>	

60030783



01082006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-0655179 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required