
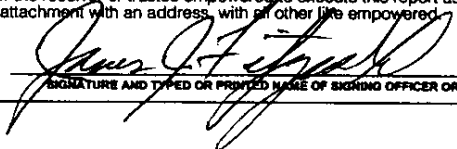


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 003 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-0655179	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
EYSTER, JAMES P 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSH, JAMES M		NAME	JAMES FITZGERALD	
STREET ADDRESS	10173 N SUNCOAST BLVD 38		STREET ADDRESS	10173 N. SUNCOAST BLVD #37	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, JAMES		NAME	JERRY CLARK	
STREET ADDRESS	10173 N SUNCOAST BLVD 37		STREET ADDRESS	10173 N. SUNCOAST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, PEGGY M		NAME	JOHN D. HARRINGTON	
STREET ADDRESS	10173 N SUNCOAST BLVD 39		STREET ADDRESS	10173 N. SUNCOAST BLVD #85	
CITY-ST-ZIP	CRYSTAL RIVER, FL 344287		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, JOHN D		NAME	LARRY VIRKAITIS	
STREET ADDRESS	10173 N SUNCOAST BLVD 85		STREET ADDRESS	10173 N. SUNCOAST BLVD #157	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSH, JIM		NAME		
STREET ADDRESS	10173 N SUNCOAST BLVD		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVIN, RAY		NAME		
STREET ADDRESS	10173 N SUNCOAST BLVD 57		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
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 or other life empowered.					
SIGNATURE: 			3/13/2007		262-308-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #