
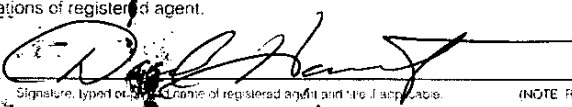


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90002 019 \*\*\*\*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 <i>10173 N SUNCOAST BLVD #240</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07)	
City & State		City & State <i>CRYSTAL RIVER FL</i>	
Zip	Country	Zip	Country
<i>34428</i>		<i>34428</i>	<i>CITRUS</i>
4. FEI Number 20-0655179		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EYSTER, JAMES P</b> 10173 N SUNCOAST BLVD CRYSTAL RIVER FL 34428		7. Name and Address of New Registered Agent Name <b>DAVID HAVERTY</b> Street Address (P.O. Box Number is Not Acceptable) <i>10173 N SUNCOAST BLVD</i> City <b>CRYSTAL RIVER FL</b> Zip Code <b>34428</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 		DAVID HAVERTY MAY 1, 2008	
FILE NOW - FEE IS \$61.25 Due by May 1, 2008		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	<i>P/D</i> FITZGERALD, JAMES 10173 N SUNCOAST BLVD 37 CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S/D</i> BEST, PEGGY M 10173 N SUNCOAST BLVD #39 CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>T/D</i> HARRINGTON, JOHN D 10173 N SUNCOAST BLVD 85 CRYSTAL RIVER FL 34428 <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	<i>V/D</i> CLARK, JERRY 10173 N SUNCOAST BLVD CRYSTAL RIVER FL 34428 <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	<i>S</i> VIRKAITIS, LARRY 10173 N SUNCOAST BLVD #157 CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> VIRKAITIS, LARRY 10173 N SUNCOAST BLVD #157 CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Change <input 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
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 Section 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 if attached with an address, with all other like information. *JOHN HARRINGTON* MAY 1, 2008 352-586-6297

SIGNATURE: *Peggy M Best* PEGGY M BEST MAY 1, 2008 352-586-6688