2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N03000008481

Entity Name: ASSOCIATION FOR SOUTHERN COMFORT CONDOMINIUM, INC.

Current Principal Place of Business:

340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1852
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 20-2255131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, THOMAS D
340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAZZOCHI, JR., NICHOLAS J
Address: POST OFFICE BOX 19
City-St-Zip: PLACERVILLE, CO 81430

Title: D ( ) Delete
Name: MAZZOCCHI, SANDRA J
Address: POST OFFICE BOX 19
City-St-Zip: PLACERVILLE, CO 81430

Title: D ( ) Delete
Name: MAZZOCCHI, MARY
Address: POST OFFICE BOX 19
City-St-Zip: PLACERVILLE, CO 81430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MAZZOCCHI, JR., NICHOLAS J
Address: POST OFFICE BOX 2871
City-St-Zip: TELLURIDE, CO 81435

Title: D (X) Change ( ) Addition
Name: MAZZOCCHI, SANDRA J
Address: POST OFFICE BOX 2871
City-St-Zip: TELLURIDE, CO 81435

Title: D (X) Change ( ) Addition
Name: BEGLEY, MICHAEL P
Address: 619 NE 7TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS J MAZZOCCHI, JR. D 01/10/2006

Electronic Signature of Signing Officer or Director — Date