


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90061 008 \*\*\*\*61.25

**DOCUMENT # N03000009880**

1. Entity Name  
**TALAVERA ASSOCIATION, INC.**




Principal Place of Business  
**2700 N. MILITARY TRAIL  
 SUITE 360  
 BOCA RATON, FL 33431**

Mailing Address  
**2700 N. MILITARY TRAIL  
 SUITE 360  
 BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

66020041



03062007 Chg-NP CR2E037 (12/06)

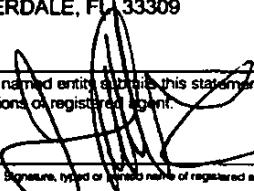
4. FEI Number  
**20-0408751** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SIMON, ERIC A  
 6383 NW 6TH WAY  
 SUITE 250  
 FT. LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent  
 Name **JOHN NEWSOME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3461-B FAIRLANE FARMS RD.**  
 City **WELLINGTON** FL Zip Code **33414**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

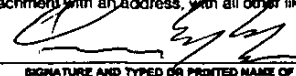
Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PS ASFAHL, PAUL W PS 2700 N. MILITARY TRAIL, SUITE 360 BOCA RATON, FL 33431 <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	T NOONAN, DENNIS M T 2700 N. MILITARY TRAIL, SUITE 360 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **6/30/07** 561-994-4778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DENNIS M. NOONAN**