


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 14, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # N03222</b>	
1. Entity Name SECTION SEVEN IMPROVEMENT CLUB, INC.	

Principal Place of Business C/O MARY KATHERINE GROESBACK 2025 NATALEN RD WINTER PARK, FL 32792	Mailing Address C/O MARY KATHERINE GROESBACK 2025 NATALEN RD WINTER PARK, FL 32792
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02062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2918026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GROESBECK, MARY KATHERINE  
2025 NATALEN ROAD  
WINTER PARK, FL 32792

**DO NOT WRITE  
IN THIS SPACE**

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: *Mary Katherine Groesbeck* DATE: 3/11/08

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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAUS, DONALD 1920 NATALEN ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGLETARY, MICHAEL 1940 GUNN RD. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUDLEY, ABBIE A 2017 GUNN ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROESBECK, MARY KATHERINE 2025 NATALEN ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000858458  
04/01/09-80047-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Mary Katherine Groesbeck* Date: 3/11/08 407/645/0989

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