## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2006 8:00 am Secretary of State

Signature   Sign	1. Entity Nan	MENT # N040000 IL FLORIDA CHAPTER, SF	•		86.7 I	03-03-2006 90105 015 ****61.25				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  CARTER, KENNETH E  1202 ARRIAGO WAY  THE VILLAGES, FL 32162  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  Date  Filling Fee is \$81.25  Due by May 1, 2006  Deleb  Title  PD  Title  PD  Title  PD  Title  VPD  Deleb  Title  VPD  Deleb  Title  Signature  Signature  VPD  Deleb  Title  Signature  VPD  Deleb  Title  Signature  VPD  Deleb  Title  Signature  Signature  Signature  Signature  Title  VPD  Deleb  Title  Signature	% KENNETH 1202 ARRIA	I E CARTER Go way	P 0 BOX 949	P O BOX 949						
City & State	2. Principal F	Place of Business	3. Mailing Address	Mailing Address						
Signature   Sign	•			Suite, Apt. #, etc.			ng-NP	CR2E037	(11/05)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Certificate of Status Desired  7. Name and Address of New Registered Agent  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 acc the obligations of registered agent.  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 acc the obligations of registered agent.  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 acc the obligations of registered agent.  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 acc the obligations of registered agent.  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 acc the obligations of registered agent.  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 acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  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 acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.			City & State	City & State			0			oplied For ot Applicable
CARTER, KENNETH E  1202 ARRIAGO WAY THE VILLAGES, FL 32162  City  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 accompliance of registered agent.  SIGNATURE    Signature   Signat	Zip	Country	Zip	Cou	untry					
CARTER, KENNETH E  1202 ARRIAGO WAY THE VILLAGES, FL 32162  City  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 acc the obligations of registered agent.  SIGNATURE  Filing Fee Is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE NAME CARTER, KENNETH E STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32162  TITLE SD DOCKBORN, CHARLES STREET ADDRESS STR		6. Name and Address of Curren	t Registered Agent							
The VILLAGES, FL 32162  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE    Signature, higher or printed name of registered agent and tie of applicable. (NOTE: Registered Agent agrenture required when rematating)   DATE										
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.    Signature   Signature, toged or printed name of registered spent and site if applicable.   (NOTE: Registered Agent agreature required when reintaturg)   DATE				City	City Zip Code					
Trust Fund Contribution.    Added to Fees   Florida Department of State	SIGNATURE	Signature, typed or printed name of registered agen	·····				Ma		avable t	
TITLE NAME CARTER, KENNETH E STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32162  TITLE VPD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32162  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LADY LAKE, FL 32159  THE VILLAGES C-L 32162  TITLE TD Delete TITLE NAME OPPENHEIMER, ERHARD		Due by May 1, 2006		Added to Fees	Flori	da Departm	ent of S	tate 🗼		
NAME BORDERS, CHARLES STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748  TITLE NAME STREET ADDRESS CITY-ST-ZIP LADY LAKE, FL 32159  TITLE NAME OPPENHEIMER, ERHARD  NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	TITLE NAME STREET ADDRESS	PD CARTER, KENNETH E 1202 ARRIAGO WAY		TITLE NAME STRE	ET ADDRESS	ADDITIONS/CHANGE	ES TO OFFICER			Addition
NAME FISCHER, RICHARD W STREET ADDRESS 1226 E SCHWARTZ BLVD CITY-ST-ZIP LADY LAKE, FL 32159  TITLE TD Delete TITLE NAME OPPENHEIMER, ERHARD  TO Delete TITLE NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	NAME - STREET ADDRESS	BORDERS, CHARLES 5500 LAVOR ST	☐ Dolete	NAMI STRE	E Et adoress			C	Change	☐ Addition
TITLE TD Delete TITLE MICHARD Add	NAME STREET ADDRESS	FISCHER, RICHARD W 1226 E SCHWARTZ BLVD	☐ Delete	NAMI STRE	E Et adoress		-	•	<b>Change</b>	Addition
STREET ADDRESS 1219 TARPON LN STREET ADDRESS 8827 SE 13203 PLACE CITY-ST-ZIP LADY LAKE, FL. 32159 CITY-ST-ZIP SUMMERFIELD, CL 34491	NAME STREET ADDRESS	OPPENHEIMER, ERHARD 1219 TARPON LN	Delete	HAMI Stre	E Et adoress	8827 SE 132	UD PLACE	<u> </u>	Change	☐ Addition
	NAME Street adoress	BERNARD, WILLIAM J 17800 SE 100TH TERRACE	☐ Delete	HAMI STRE	E Et adoress				Change	☐ Addition
TITLE  NAME HIMMELMAN, DONALD R STREET ADDRESS 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	NAME STREET ADDRESS CITY-ST-ZIP	HIMMELMAN, DONALD R 17985 SE 102ND CT SUMMERFIELD, FL 34491742	1	NAME STRE CITY	ET ADDRESS -ST-ZIP					Addition

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: Leghande		PICHARD W. FISCHER	2/20/06	352-750-6755
SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OF	Date	Daytme Phone 6	