2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Nam CASTELL	ne LO AT VE	NETIAN G	0000245 OLF & RIVI OCIATION, I	FILED 08 MAY -7 PH 12: 18						
Principal Place of Business BETH CALLANS MANAGEMENT 595 BAY ISLES RD, SUITE 200 LONGBOAT KEY, FL 34228			!	Mailing Address 595 BAY ISLES RD SUITE 200 LONGBOAT KEY, FL 34228			JEUNILIARI UE STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04222008 CI	hg-NP CR2E	(12/06)	
City & State				City & State			4. FEI Number 33-109444	2	<u> </u>	pplied For of Applicable
Zip	Country			Zip Co		untry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						Name A O		ress of New Registere		
BETH CALLANS MANAGEMENT						Name ADVANCED MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable).				
595 BAY ISLES RD SUITE 200						311989	1 000 D	BRIDE (DRI VE	
LONGBOAT KEY, FL 34228						City . (-	<u> </u>	·	Zio Cod	
9 The above	named optib	cultaite this st	alement for the	purpose of shanning its	er vieter	L VEA	SICE are both in	the State of Florida La		2 <i>Q3</i>
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 JOSSICA E DOUGLASS 434-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when einstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of										
10. TITLE	OFFICERS AND DIRECTORS PD						ADDITIONS/CHANG	ES TO OFFICERS AND		
NAME	MILLER, PAT ,					· ·			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	122 SAVO NORTH V	NA WAY ENICE, FL 34	4275		- 1	ET ADORESS - ST-ZIP				
TITLE	STD Delete					Ē	1		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	UZZO, THOMAS 154 SAVONA WAY NORTH VENICE, FL 34275					ET ADDRESS	135/18	<i><</i> -		
TITLE	NORTH VENICE, FL 34275 CITY VPD Delete TITLE						<u> </u>	<u>, </u>	☐ Change	Addition
NAME STREET ADDRESS	DAUT, JACK					E ET ADDRESS				
CITY-ST-ZIP						-ST-ZIP				
TITLE NAME				☐ Delete	TITL	I		120506	Change	Addition
STREET ADDRESS	STR					ET ADDRESS	05/15/08	129596 01026002	.⊃Գ.f '**61.2	:5
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NAME				C) Delete	NAM	٤			- Ontango	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP				
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STREET ADDRESS					1	ET ADDRESS				
CITY-ST-ZIP	20-416-115-117	information -	maniformal control of the second	Olive dans and a surface		-ST-ZIP	dia Observation Fra	de Chabitan I to at	and the second of	
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 suppliemental 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 entrustee 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 abdress, with all other like empowered. SIGNATURE: OFFICIONATION 941-493-0287										
	. or on an atta	ichment with an	altdress, with a	Il other like empowered	,	, Patrice	ia Willer_		_	a-