2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000007406



Feb 11, 2008 8:00 am Secretary of State

FILED

Zip Country Zip Country S. Certificate of Status Desired \$8.75 Addition \$9.75		TE IDE CON	DOMINIUM ASSO	CIATION, INC.				С	2-11-2008	90045 03	9 ****6	51.25
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City & State Country	2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
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8. 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 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 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 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 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 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, an				City & State	City & State						Applied For Not Applicable	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Current	Registered Agent		 		7. Name and Add	ress of New R	egistered Ag	ent	
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. Lam familiar with, and the obligations of registered agent. SIGNATURE SIGNA	4475 US 1	S #406	, FL 32086				dress (P	P.O. Box Number is t	Not Acceptable))		
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 the obligations of registered agent. SIGNATURE Signature Injury Injur						City				FI	Zip Cod	e
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Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	NOTE: Registere	ed Agent agnature	required v	eften revestetmol		DATE		
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infundation on this report or supprepriental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office for of the corporation or the receiver of 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: