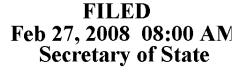
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04471

1. Entity Name

212 SOUTH OLD DIXIE HIGHWAY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address





19885 EARLWOOD DR JUPITER FL 33458		19885 EARLWOOD DR JUPITER FL 33458) 1 1 1 1 1 1 1 1 1 1	
2. Principa: P	Place of Business - No P.O. Box#	3. Mailing Address	· ii·		E# 1524 A 8 A 8 B	91011 01011 01 211 272	WIRK OF LEAST
Suite, Apt. #, etc.		Suite, Apr. #, etc.	Suite, Apr. #, etc.		CR2E037	7 (10/07)	
City & State		City & State		4. FEI Number 59-246	40.40		oplied For
Zip	Country	Zip	Country	5. Certificate of Status Det		\$8.75 Add	ot Applicable ditional
6. Name and Address of Current Re		nt Registered Agent		7. Name and Address of New Registered Agent			
S. Maine and Madreso S. Outron: Hogarorou Agent			Name				
WEIR, BARBARA			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
19985 EARLWOOD DR JUPITER FL 33458							#
			City			Z:p Cod	
					FL	- '	
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 Pronual. It am familiar with, and accept the obligations of registered agent. 1000000841798							
	FILE NOW: FEE IS \$61.25 Due By May 1, 2008	paign Finaticing ontribution.	Added to Fees		k Payable tment of S	State	
10.	OFFICERS AND (11.	ADDITIONS/CHANGES TO C	FFICERS AND DI		
T:TLE NAME	WEIR, BARBARA	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS	19985 EARLWOOD DR		STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458		CITY -ST -ZIP		,	<u></u>	
TITLE NAME	HSU, CHARLES	☐ Delate	TITLE NAME			☐ Change	no:libbA 🗌
STREET ADDRESS	212 S. OLD DIXIE HWY		STREFT ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458		CITY ST-ZIP	, , <u>, , , , , , , , , , , , , , , , , </u>			
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				ĺ
CITY-ST-7IP			CITY-ST-ZiP				
TITLE		Delete	HTLL			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY - ST - Z/P				
TITLE		☐ Dalete	THILE			Change	ncitibbA 🔲
NAME STREET ADDRESS			NAME STREET APPRESS				
CITY-ST-ZIP			CITY-S7-ZIP				
TITLE		☐ Delete	TITLE	THE TANKS OF THE T		Change	Addition
NAME			NAME			_ •	_
STREET ADDRESS :			STRLET ADDRESS CITY-ST-ZP				
	certify that the information supplied v	with this filing does not qualify to		ned in Section 119, Florida Stat	utes i further cer	tily that the a	nformation

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 oam; 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: