2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2007 8:00 am Secretary of State

FILED

1. Entity Nam	MENT # N05000001 g 107 owners associat			0	1-18-2007	90092 034 *	***61.25	
Principal Plac 833 HARRISO PANAMA CIT	ON AVE.	Mailing Address 833 HARRISON AVE. PANAMA CITY, FL 3240	01	;)()294. 		BIIDA IJONIDA DA ARDA	
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007 Ch	g-NP	CR2E037 (12/	06)	
City & State		City & State		4. FEI Number 20-8242	827		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		□ \$8.75 Fee Re	5 Additional equired	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New R	egistered Agent		
BRYANT I	ROM ETT M		Name					
BRYANT, ROWLETT W 833 HARRISON AVE. PANAMA CITY, FL 32401			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
i.	· •							
<u>.</u>			City		-		Code	
the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in t	he State of Flo	rida. I am familiar	with, and accept	
SIGNATURE .	Sinnabus hands a sales		- 					
	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	Registered Agent signature req	ured when reinslating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	· ·	npaign Financing	\$5.00 May Be Added to Fees		DATE ake check paya ida Department		
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing		Flori	ake check paya da Department	of State	
10.	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check paya da Department	of State RS IN 10	
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check paya da Department	of State RS IN 10	
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12. I hereby certify that the information supplied with this filling 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 an officer or Director Plate

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Designed Trustee Statutes.