## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002745

## **FILED** Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90030 050 \*\*\*\*61.25

1. Entity Nan	ILLINO C	OMMUNITY ASS	OCIATIO	ON, INC.				401	, <b></b>				
Principal Place of Business 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238			4100	Mailing Address 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238						1 <b>60</b> 111 <b>28</b> 111	<b>.</b>		Plingi ei IPRI
2. Principal F	Place of Busin	ess - No P.O. Box #	3. Mail	ing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03182008	Chg-NP		CR2E	: 037 (12/06)	)
City & State			City & State					4. FEI Num 20-25	ber 22783			$\vdash$	Applied For Not Applicable
Zip Country				Zip Cou							\$8.75 A Fee Requi		
	6. Name	and Address of Curren	t Registere	d Agent				7. Name ar	d Address o	f New Re	gistere	Agent	
TAYLOR, J. DAVID 4100 CENTRAL SARASOTA PARKWAY						Name Street Address (P.O. Box Number is Not Acceptable)							
SARASOT	A, FL 342	238											
		<del></del>				City					F		
	named entity tions of registe	y submits this statement f ered agent.	for the purpo	ose of changing its	register	ed office o	r register	ed agent, or b	oth, in the Sta	ate of Flori	ida. Iar	n familiar wit	h, and accept
SIGNATURE		or printed name of registered ager	at and trie if ann	icable (NOTE	· Bacietara	od Agent signs					DATE		
J.	- 6												
			<del>- 1</del>				ture required	I when reinstating)		···	7	<del> </del>	
	_	e is \$61.25 lay 1, 2008	_	9. Election Cam Trust Fund Ci	paign F	inancing	ture required	\$5.00 May Added to Fee	Be Is		ke che	ck payable artment of	
10.	Due by M	e is \$61.25	_	9. Election Cam Trust Fund Co	paign F	inancing ion.		\$5.00 May	ıs	Floric	ke che la Dep	ck payable artment of	State
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Indicated on this report or supplied with this liling does not quality for the exemptions contained in Chapter 119, Horida Statutes. I further certary that the information indicated on this report or supplemental report if 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 empreced 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:

SIGNATURE AND TYPE

J. DAVID TAYLOR
OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR