2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2008 8:00 am Secretary of State 05-15-2008 90020 025 ****61.25

1. Entity Nam	е	# N05000004 GHBORHOOD AS:		ON, INC.				05-15-200	0 70020	325	1.20
Principal Place 24301 WALD BONITA SPRI	EN CENTER	s R DR STE 300		ddress Nalden Center Springs, Fl	R DR STE 300						AISI DI IDDI
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailing	Address o. Wilto	ver Tel, S	te 123	 				
Suite, Apt.	#, etc.		U O C	Apt. #, etc. relly, E	dgallSn	ndh, P	{ ⁰⁴²¹²⁰⁰⁸	Chg-NP	CR2E	37 (12/06)	
City & State	e		Po City &	\neg	Gardens	, FL	4. FEI Number 20-274				plied For at Applicable
Zip		Country	Zip 32	410	Country	ί.	5. Certificate	of Status Desired	0	\$8.75 Add Fee Required	
	6. Name	and Address of Current	J -	,,,			7. Name and	Address of New	Registered	Agent	
HASTINGS					Name						
24301 WA BONITA S		NTER DR STE 300 FL 34134			Street /	Address (I	P.O. Box Numb	er is Not Acceptal	ole)		
					City			.,		Zip Code	e
0 Th		ty submits this statement fo						the in the Ctate of I	FI	-	
	tions of regis		or the purpose	or changing its i	registered office c	or register	ed agent, or bo	tii, iii tiie State Oi	TIONGA, TAN	rtamiliai witti	and accept
SIGNATURE .											
O'GINETONE.	Signature, typed	d or printed name of registered agent	and title if applical	ole. (NOTE:	; Registered Agent signs	ature required	when reinstating)		DATE		
- CONTROLL	Filing Fe	d or printed name of registered agent ee is \$61.25 May 1, 2008	and title if applical		paign Financing	ature required	\$5.00 May E Added to Fees	~	Make ched	k payable to	
10.	Filing Fe Due by M	ee is \$61.25		9. Election Cam	paign Financing		\$5.00 May E Added to Fees	~	Make chec orida Depa	rtment of St	tate
	PD BYAL, TII	ee is \$61.25 May 1, 2008 OFFICERS AND DIF	RECTORS	9. Election Cam	paign Financing ontribution.		\$5.00 May E Added to Fees	FI FI	Make chec orida Depa	rtment of St	tate
10. TITLE NAME STREET ADDRESS	PD BYAL, TII 101 EAST SAINT AU VPD SCHUMA 101 EAST	oe is \$61.25 May 1, 2008 OFFICERS AND DIF M T TOWN PLACE-SUITE	RECTORS	9. Election Carn Trust Fund Co	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS	PP Schi	\$5.00 May B Added to Fees ADDITIONS/CH	FINANCES TO OFFICE	Make chec orida Depa CERS AND D	IRECTORS IN Change	1 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BYAL, TII 101 EAST SAINT AU VPD SCHUMA 101 EAST ST. AUGI TD TIEBOUT 24301 W.	OFFICERS AND DIF MAY 1, 2008 OFFICERS AND DIF M T TOWN PLACE-SUITE UGUSTINE, FL 32092 AKER, JAMES T TOWN PLACE - SUIT	RECTORS E 300	9. Election Carn Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PP Schillion & St.	\$5.00 May E Added to Fees ADDITIONS/CH	FINANCES TO OFFICE	Make checorida Department of the CERS AND D	IRECTORS IN Change Change	10 Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD BYAL, TII 101 EAST SAINT AL VPD SCHUMA 101 EAST ST. AUGI TD TIEBOUT 24301 W, BONITA S KEITH, S 24301 W,	OFFICERS AND DIE OFFICERS AND DIE M T TOWN PLACE-SUITE UGUSTINE, FL 32092 AKER, JAMES T TOWN PLACE - SUITI USTINE, FL 32092 F-TOURON, MARCIENN ALDEN CENTER DR SPRINGS, FL 34134	RECTORS E 300	9. Election Carm Trust Fund Co 124 Delete Delete	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PP Schillion & St.	\$5.00 May E Added to Fees ADDITIONS/CH	James wn Place tine, Fl	Make checorida Department of the CERS AND D	IRECTORS IN Change Change	10 Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BYAL, TII 101 EAST SAINT AL VPD SCHUMA 101 EAST ST. AUGI TD TIEBOUT 24301 W, BONITA S KEITH, S 24301 W,	OFFICERS AND DIE MY TOWN PLACE-SUITE UGUSTINE, FL 32092 AKER, JAMES TOWN PLACE - SUITI USTINE, FL 32092 F-TOURON, MARCIENN ALDEN CENTER DR SPRINGS, FL 34134 SYLVIA ALDEN CTR DR	RECTORS E 300	9. Election Carm Trust Fund Co 12. Delete Delete Delete	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Schillion St. Street	\$5.00 May E Added to Fees ADDITIONS/CH	James Ja	Make checorida Department of the CERS AND D	Timent of Si IRECTORS IN ☐ Change State of the change	10 Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYAL, TII 101 EAST SAINT AL VPD SCHUMA 101 EAST ST. AUGI TD TIEBOUT 24301 W, BONITA S KEITH, S 24301 W, BONITA S	OFFICERS AND DIE MY TOWN PLACE-SUITE UGUSTINE, FL 32092 AKER, JAMES TOWN PLACE - SUITI USTINE, FL 32092 F-TOURON, MARCIENN ALDEN CENTER DR SPRINGS, FL 34134 SYLVIA ALDEN CTR DR	RECTORS E 300 TE 300 NE	9. Election Carm Trust Fund Co 123. Delete Delete Delete Delete Delete	Daign Financing Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schillist.	\$5.00 May E Added to Fees ADDITIONS/CH CHARLES AUGUST BOI WALL COSSILE, BOI WALL COSSILE, BOI WALL COSSILE, BOI WALL COSSILE, BOI WALL COSSILE,	James Ja	Make checorida Departura de la Seconda Departura de la Seconda de la Sec	Timent of Si IRECTORS IN Change Change Change Change Change Change	Addition Addition Addition Addition

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 address.

SIGNATURE:

TES NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #