## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N05000007911

1. Entity Name
TWENTY-TWO-SIXTY MILLWOOD OAKS OFFICE



FILED Jan 12, 2006 8:00 am Secretary of State

01-12-2006 90186 006 \*\*\*\*61.25

	IINIUMS ASSOCIATION, II							
2434 OAKDALE ST 243		Mailing Address 2434 OAKDALE ST TALLAHASSEE, FL 3230						
2. Principal Pl	ace of Business	3. Malling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102006 Chg	-NP CR2€03	37 (11/05)		
City & State		City & State		4. FEI Number		Ap	plied For	
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Add		
<del></del> -	6. Name and Address of Current	Bouletoned Appet		7 Name and Address	<del> </del>	Fee Require	<u> </u>	
	V. Name and Address of Current	veiliprisen with in	Name	7. Name and Actors	ss of New Registered A	denr		
SHAHAWY, ANN W 2434 OAKDALE ST TALLAHASSEE, FL 32308			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
171221111	3022,12 02000							
			City		FL	Zip Code	,	
8. The above the obligati	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office or registi	ered agent, or both, in th	e State of Florida. I am i	familiar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE.)	Registered Agent signishus requir	ed when renebiting)	DATE			
Filing Fee is \$61.25 Due by May 1, 2006			Election Campaign Financing     Trust Fund Contribution.		Make check Florida Depart			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS IN	10	
TITLE	DVST	☐ Delcta	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	SHAHAWY, ANN W 2434 OAKDALE ST		HAME OFFICER ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32308		STREET ADDRESS					
TITLE	DP	☐ Fbelete	CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME		☐ Delete				Change	Accition	
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I hereby certify that the information supplied with this filing 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 all other like empowered.

SIGNATURE: \_

850-385-069