
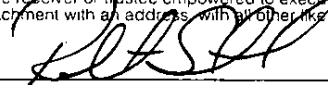


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90006 027 ****61.25

DOCUMENT # N06000000358 1. Entity Name EAST TOHO ASSOCIATION, INC.					
Principal Place of Business 5850 T. G. LEE BLVD SUITE 600 ORLANDO, FL 32822			Mailing Address 5850 T. G. LEE BLVD SUITE 600 ORLANDO, FL 32822		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HARDING, ROBERT L 20 NORTH EOLA DRIVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ROBERT STIEGEL 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR KEITH RAY 5850 T. G. LEE BLVD, STE. 600 ORLANDO, FL 32822 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR MARK JACOBSON 200 COLONIAL CENTER PARKWAY, STE. 330 LAKE MARY, FL 32746 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR TONY ROPER P.O. BOX 561055 ORLANDO, FL 32856 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR DAVID SIRVIANSKY 550 BILTMORE WAY, STE. 1110 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR MICHAEL PARTIN 2730 NEPTUNE ROAD KISSIMMEE, FL 34744 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION	
12. 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: 			4/23/07 954-344-8040		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		