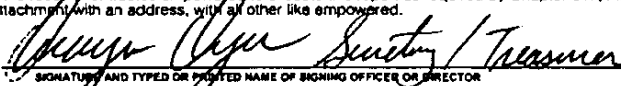


8/30/07

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/14/2007-90001-028-\$61.25-\$61.25

DOCUMENT # N06000004242					
1. Entity Name BUILDING "A" ASSOCIATION, INC.					
Principal Place of Business 7000 PORT BLVD FT MYERS, FL 33912			Mailing Address 7000 PORT BLVD FT MYERS, FL 33912		
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	4. FEI Number 650894722	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD FONSECA, FABIO 9710 CORAL GABLES RD FT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GALLAHER DAVID President ☒ Change ☐ Addition 18541 HOLLY RD. FT MYERS FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALLAHER, DAVID 18541 HOLLY RD FT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☒ Change ☐ Addition JOHN G. ROZKI 18011 S. TAMiami TR L Suite 1C FORT MYERS FL 33908-4695		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DYER, DWAYNE A 7000 PORT BLVD #11 FT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		8-24-07 239-895-6676			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

FILED

07 SEP 26 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08232007 Chg-NP CR2E037 (12/06)