## 2007 NOT-FOR-PROFIT COMPORATION ANNUAL REPORT

## FILED Aug 20, 2007 8:00 am Secretary of State 08-03-2007 90019 017 \*\*\*\*61.25

20p   Country   21p   Country   S. Certificate of Status Desired   S. 7. Additional Fee Required   S. 7. Additional Fee Republication   S. 7. Additional Fee	1. Entity Name	MENT # N06000007 ND SQUARE PHASE II OF VNERS' ASSOCIATION, IN	WINTE	RSET					08-03-200	7 2001.	017	01.23
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   O8012007 Chg.NP   CR2E937 (12)06)   Chy & State   Chiry & State   A. FEI Number   Applied   Met. Applied   Met. Apt. Apt. Apt. Apt. Apt. Apt. Apt. Ap	6356 CYPRESS GARDENS BLVD. 6356 CYPRESS GARDENS					),						
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   O8012007 Chg.NP   CR2Eg37 (12)06)   City & State   Country   Zrg   Country   S. Certificate of Status Desired   S8.75 Applied   Mice A	2. Principal Pt	tace of Business - No P.O. Box #	3. Maili	ing Address	<u></u>							
City & State	Suite, Apt. +, etc.		Suite, Apt. #, etc.				08012007 C	na NP	CBSE	37 (12/06)		
SAMMONS, ROBERT O  SAMMONS, ROBERT O  SAMMONS, ROBERT O  STORY  Seed Address (P.O. Box Number is Not Acceptable)  Name	City & State		City & State					Grand Grazos (1200)				oplied For
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  1556 6TH ST. SE  WINTER HAVEN, FL. 33880  City  FL. Zip Code  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fionds. I am familiar with, and act the obligations of registered agent.  SIGNATURE  FILING Fee is \$61.25  Due by September 14, 2007  PERMANE DEPENDENT PLANES OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE  NAME  CAMERON, ROBERT E JR  CAMERON, ROBERT E JR  CAMERON, ROBERT E JR  COMMERCON, ROBERT E JR  COMMERCO	Zip	Country	Zip		Co.	intry		Certificate of St	atus Desired	П	\$8.75 Add	
SAMMONS, ROBERT O 1556 6TH ST SE  WINTER HAVEN, FL 33880    City		6. Name and Address of Current	Registere	d Agent								d
SIGNATURE    Street Address   P.O. Box Number is Not Acceptable	SAMMONS	S ROBERT O				Name			-			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE    Prilling Fee Is \$61.25   Prilling	1556 6TH ST. SE					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ache obligations of registered agent.  SIGNATURE  Symmetr, bodg or private name of impliesed agent and tim if applicable.  Filling Fee is \$61.25  Due by September 14, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIEL  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIEL  OAMERON, ROBERT E JR  SIREH ADDRESS  SIREH ADDRESS  SIREH ADDRESS  CITY-ST-2P  WINTER HAVEN, FL 33884  TIME  OBERT ADDRESS  CITY-ST-2P  TIME  OBER	WINTER HAVEN, FL 33880						•		-			
SIGNATURE    Signature   New Comment of Implement agent and liter if applicables.   Intelligence Agent springer recovered when immersionary)   Dail's						City				FL	Zip Cod	e
SIGNATURE    Symbol   Need to printed name of ingrittent agent and line if application   (INDIT Registrate Agent september 14, 2007)   P. Election Campsign Financing   S. 5,00 May 80 Added to Fees   Need to Floridad Expansion   Need to Floridad Exp			or the purpo	ose of changing its	register	ed office or r	register	ed agent, or both, in	the State of Fig	rida. Lam	familiar with.	and accept
FILING Fee is \$61.25	the obligati	ions of registered agent.										
Filing Fee is \$61.25 Due by September 14, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE DAME CAMERON, ROBERT E JR SITERI ADDRESS CITY-ST-2P  MINTER HAVEN, FL 33884  TOUS OFFICERS AND DIRECTORS UNDERSONAND DIRECTORS IN 10  TITLE DAME CAMERON, ROBERT E JR SITERI ADDRESS CITY-ST-2P  MINTER HAVEN, FL 33884  TOUS OFFICERS AND DIRECTORS IN 10  TITLE DAME CAMERON, CATHY SITERI ADDRESS CITY-ST-2P  TITLE DAME SITERI ADDRESS CITY-ST-2P  TITLE DAME SITERI ADDRESS CITY-ST-2P  TITLE DEBTE TOURSS CITY-ST-2P  TITLE DEBTE CONCESS CITY-S	SIGNATURE .											
Trust Fund Contribution.   Added to Fees   Florida Department of State  10.		Signature, typed or printed name of registered agent	1 and title if appl	fcable. (NOTE	E Registere	c Agent signature	berwoon e	when reinstating)		DATE		
TITLE CAMERON, ROBERT E JR SIREHADORESS GARDENS BLVD. SIREHADORESS GARDENS GAR	n.		į				_					
NWE CAMERON, ROBERT E JR SIRET ADDRESS CITY-ST-2P WINTER HAVEN, FL 33884  Detete NAME CAMERON, CATHY NAME CAMERON, CATHY SIRET ADDRESS CITY-ST-2P NAME CAMERON, CATHY NAME SIRET ADDRESS CITY-ST-2P NAME CAMERON, CATHY NAME SIRET ADDRESS CITY-ST-2P WINTER HAVEN, FL 33884  CITY-ST-2P NAME GULLEN, AMANDA SIRET ADDRESS GS CYPRESS GARDENS BLVD. CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TIT	<b>U</b> (	no ny popininon 17, 2001				-		A0000 to Fees	''••	,.		
TITLE  TI	10.	OFFICERS AND DI	RECTORS		11.		F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	IRECTORS IN	110
TITLE  TI	10.	OFFICERS AND DI	IRECTORS		11.		F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	IRECTORS IN	
NAME SITEET ADDRESS CITY-ST-ZP WINTER HAVEN, FL 33884  CITY-ST-ZP WINTER HAVEN, FL 33884  CITY-ST-ZP  TITLE NAME GULLEN, AMANDA STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CIT	10. TITLE NAME STREET ADDRESS	OFFICERS AND DI CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV			11. TITU NAM STRE		F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	IRECTORS IN	110
TITLE  INJURY  CITY-ST-ZIP  TITLE  MANAE  GULLEN, AMANDA  STREET ADDRESS  GUTY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  MANAE  STREET ADDRESS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884		☐ Deleta	11. TITLL NAM STRE CITY	E E EF ADDRESS -ST-ZIP	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change	Addition
TITLE NAME GULLEN, AMANDA STREET ADDRESS CITY-ST-ZP WINTER HAVEN, FL 33884  CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET AD	10.  TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI D CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D		☐ Deleta	11. ITEL NAM STRE CITY	E E EFT ADDRESS -ST-ZIP	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change	110
MANE SIRET ADDRESS CITY-ST-ZP WINTER HAVEN, FL 33884 CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADD	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND DI  CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884  D CAMERON, CATHY 6356 CYPRESS GARDENS BLV	<b>/</b> D.	☐ Deleta	11. ITTLE NAM STRE CITY TITU NAM STRE	E E EFF ADDRESS -ST-2IP E E E EFT ADDRESS	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.  IITLE  MAME  STREET ADDRESS  CITY-SI-ZIP  IITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884	<b>/</b> D.	Delete	11. TITLE NAM STRE CITY TITLE NAM STRE CITY	E E EFT ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change	Addition
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME	10.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA	/D.	Delete	11. ITEL NAM STRE CITY TITU NAM STRE CITY TITU NAM NAM NAM	E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change	Addition
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   NAME STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete	11. ITTLE HAMM STRE CITY ITTLE HAMM STRE CITY TITLE HAMM STRE	E E E E E T-ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 cath; that I am an office or dire of the corporation or the receiven-or trustee empowered to expendit his report as required by Chapter 617, Florida Statutes: and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	10.  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete	11. ITTLE MAM STRE CITY TITUL NAM STRE CITY TITLE MAM STRE CITY	E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 cath; that I am an office or dire of the corporation or the receiver-or trustee empowered to expend this report as required by Chapter 617, Florida Statutes: and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	10.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete	11. ITTLE HAMM STREE CITY TITLE HAMM STREE CITY TITLE HAMM STREE CITY TITLE HAMM NAMM	E E E E ET ADDRESS -S1-2IP E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change	Addition  Addition
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE     NAME	10.  ITTLE  HAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  HAME  STREET ADDRESS	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete	11. ITTLE HAMM STREE CITY TITLE HAMM STREE CITY TITLE HAMM STREE CITY TITLE NAMM STREE STREE CITY	E E E ET ADDRESS -S1-ZIP E E E ET ADDRESS	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change	Addition  Addition
CITY-ST-ZIP  TITLE    Delete   TITLE     NAME     STREET ADDRESS     CITY-ST-ZIP    12. Thereby 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 dictated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or dire of the corporation or the receivery trustee empowered to experte this report as required by Chapter 517, Florida Statutes: and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other filixe empowered.	10.  ITTLE  NAME STREET ADDRESS CITY-ST-ZP  TITLE  NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete Delete	11. ITTLE MAMM STREE CITY TITLE MAMM STREE CITY TITLE MAMM STREE CITY TITLE NAMM STREE CITY TITLE TITL	E E E E ET ADDRESS -S1-2IP E E E ET ADDRESS -S1-ZIP E E E E E ET ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change	Addition  Addition
MAME STREET ADDRESS CITY-ST-ZIP  12. Thereby 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 cath; that I am an officer or dire of the corporation or the receivers or trustee empowered to expente this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other files empowered.	10.  ITTLE MAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete Delete	STREET THE	E E E E E E F S S S S S S S S S S S S S	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change	Addition  Addition  Addition
STREET ADDRESS CITY-ST-ZIP  12. Thereby 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 cath; that I am an officer or dire of the corporation or the receives or trustee empowered to expectite this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other files empowered.	10.  ITILE MAME STREET ADDRESS CITY-SI-ZIP  ITILE HAME STREET ADDRESS CITY-SI-ZP  ITILE HAME STREET ADDRESS	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete Delete	11. ITHUS IT	E E E E E ADDRESS -S1-2IP E E E E E E E ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change  Change	Addition Addition Addition Addition Addition
indicated on this report or supplemental report is true and accurate and mat my signature shall have the same legal effect as it made under oath; that it am an onicer or directly of the corporation or the receivement trustee empowered to expend this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	10.  ITTLE MAME STREET ADDRESS CITY-S1-ZIP  ITTLE HAME STREET ADDRESS CITY-S1-ZIP  ITTLE MAME STREET ADDRESS CITY-S1-ZIP  ITTLE MAME STREET ADDRESS CITY-S1-ZIP  TITLE	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete Delete Delete	TILL NAME STREET CHY TITLL NAME CHY TITLL N	E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change  Change	Addition  Addition  Addition  Addition
8-1-07 803-325-8826	10.  ITTLE MAME STREET ADDRESS CITY-SI-ZIP  ITTLE MAME STREET ADDRESS	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884 D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV	/D.	Delete Delete Delete Delete	TITLE NAME STREET COLLY TO THE NAME STREET COLLY THE NAME THE NA	E E E E E E E E ADDRESS -S1-2IP E E E E E E E E E E E E ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E	F. A	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	Change  Change  Change	Addition Addition Addition Addition Addition
SIGNATURE:	10.  TITLE  MAME  STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP  TITLE  MAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DID CAMERON, ROBERT E JR 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884  D CAMERON, CATHY 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884  D GULLEN, AMANDA 6356 CYPRESS GARDENS BLV WINTER HAVEN, FL 33884  Certify that the information supplied wit on this report or supplemental report in proration or the receipency trustee emproration or the receipency truste	/D. /D. /D. in this filing is true and powered to	Delete Delete Delete Delete Delete	11. ITTLL MAMM STREE CITY TITLL MAMM STREE CITY TITLL NAMM STREE CITY NAMM STREE CIT	E E ET ADDRESS -S1-2IP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ETT ADDRESS	D Amou U35U NIn	additions/changed and Shelbal Cupiess Gallery Hayell, and Chapter 119, Floragame legal effect as	FL 338	RS AND D	Change  Change  Change  Change	Addition Addition Addition Addition Addition Addition