## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 18, 2007 8:00 am Secretary of State 04-19-2007 90408 012 \*\*\*\*61.25

1. Entity Nam	MENT # N060000		S ASSOCIATIO	ON,		Times of the second			01.23
Principal Place of Business 4300 LEGENDARY DRIVE C-204		430 C-20	Mailing Address 4300 LEGENDARY DRIVE C-204					, 0	
DESTIN, FL		DES	1IN, FL 32541						
2. Principal Place of Business - No P.O. Box #		3. Me	3. Mailing Address						
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			01262007	Chg-NP	CR2E037 (12/06)	
City & State		Ci	City & State			4. FEHNumber	58538	'   _ /1   <del>  -  </del> -	Applied For Not Applicable
Zıp	Country	Zi	ρ	Cou	untry	5. Certificate of	Status Desired	S8.75 Ac	
	6. Name and Address of Cur	rent Register	ed Agent			7. Name and Ac	idress of New R	egistered Agent	
OLSON, R	IICHARD ENDARY DRIVE				Name Street Address	s (P.O. Box Number i	s No. Accentable		
DESTIN, F					0.0007.0073	e (rccox rearrigo, r.		<del></del>	
					City	·		FL Zio Co	de
8. The above the obligat	named entity submits this statemetions of registered agent.	ent for the purp	ose of changing its	register	ed office or regis	tered agent, or both, i	in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .									
	Signature, nipsed or printed name of registered	agent and little 4 apr	picable (NOT	E Registere	d Agent signature requi	red when reinstacing)		OATE	
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Car Trust Fund (			\$5.00 May Be Added to Fees		ake check payable da Department of S	
10.	Due by May 1, 2007 OFFICERS AN	D DIRECTORS	Trust Fund (	Contribut	ion.	\$5.00 May Be Added to Fees	Fiori	ake check payable	State
TITLE	OFFICERS AN	D DIRECTORS	Trust Fund (	11.	ion.	\$5.00 May Be Added to Fees	Fiori	ake check payable ida Department of S	State
	Due by May 1, 2007 OFFICERS AN	O DIRECTORS	Trust Fund (	11.	ion.	\$5.00 May Be Added to Fees	Fiori	ake check payable ida Department of S	State N 10
TITLE NAME	OFFICERS AND POLSON, RICHARD	D DIRECTORS	Trust Fund (	11. ITU NAM STRE	ion.	\$5.00 May Be Added to Fees	Fiori	ake check payable ida Department of S	State N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND POLSON, RICHARD 4300 LEGENDARY DRIVE DESTIN, FL 32541 VP	D DIRECTORS	Trust Fund (	11. ITU NAM STRE	E E ET ADORESS -ST-ZIP	\$5.00 May Be Added to Fees	Fiori	ake check payable ida Department of S	State N 10
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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 ampowered 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 with a made responsible of the chapter 617.

SIGNATURE: