2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # N0700000110 1. Entity Name A BUSINESS ASSOCIATION, INC.							05-02-2008	90170 039	9 ****61	1.25	
Principal Plac 618 BURGUN DELRAY BEA	NDY M		Mailing Address 618 BURGUNDY M DELRAY BEACH, FL 33484		400949		ılı gölü Sökk Sükk		SEN 21 SPN		
2. Principal Place of Business - No.P.O. Box # 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04302008	Chg-NP	CR2E037	(12/06)		
City & State			City & State			4. FEI Number Applied For 51-0615930 Not Applied For					
Zip	Country		Zip	Country		5. Certificate of		- \$	8.75 Add ee Required		
	B. Name	and Address of Current	Registered Agent			7. Name and A	ddress of New I	Registered Ag	ent		
OTTO, MAUREEN 618 BURGUNDY M DELBAY BEACH, EL 22484					Name Street Address (P.O. Box Number is Not Acceptable)						
DELRAY BEACH, FL 33484									Zip Code		
								FL	Zip Cook	,	
8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	r the purpose of changing its	registered office or	register	red agent, or both,	in the State of F	orida. I am far	miliar with,	and accept	
SIGNATURE .	Signature, typed	JREEN or printed name of registered agent		ESIDE1		d when reinstating)	Ĺ	1/29 DATE	08		
Filing Fee is \$61.25 Due by May 1, 2008				Election Campaign Financing Trust Fund Contribution.				dake check p			
						\$5.00 May Be Added to Fees		đake check μ rida Departπ			
10.			Trust Fund C			\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	rida Departπ	nent of St	ate 🗷	
10. The		lay 1, 2008	Trust Fund C	ontribution.		Added to Fees	Flo	rida Departir RS AND DIRE	nent of St	ate 🗷	
	PRES OTTO, M	Aureen	Trust Fund C	ontribution.		Added to Fees	Flo	rida Departir RS AND DIRE	CTORS IN	ate ::	
TITLE NAME STREET ADORESS	PRES OTTO, M 618 BURG	Alay 1, 2008 OFFICERS AND DI AUREEN GUNDY M	Trust Fund C	11. TITLE NAME STREET ADDRESS		Added to Fees	Flo	rida Departir RS AND DIRE	CTORS IN	ate :::	
NAME STREET ADDRESS CITY-ST-ZIP	PRES OTTO, M 618 BURG	Aureen	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Flo	rida Departir	CTORS IN	10 Addition	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Maureen Otto President

4-/29/08-56/-638-1850