2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

THE GARDEN HOMES AT THE MOORS MAINTENANCE



DOCUMENT # N07729

FILED Jan 22, 2007 8:00 am **Secretary of State**

01-22-2007 90094 005 ****61.25

Separation Sep	ASSOCIATION, INC.										
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1922007 Chg-NP CR2E037 (12/06)	17321 NW 66 CT % THE CONTINENTAL GRO MIAMI, FL 33015 US 11981 SW 144 CT, #201			T, #201	INC						
City & State Country Country Country Country Country Country Country See See See See See See See See See Se	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01022007	Chg-NP	CR2E037 ((12/06)		
Country Zip Country Country Exp Country E. Certificate of Status Desired \$8.75 Auditor Fee Required See Requ	City & State		City & State			4. FEI Number 59-2631	522			plied For t Applicable	
BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 P. Election Campaign Financing Trust Fund Commission. DATE Filling Fee is \$61.25 Due by May 1, 2007 Detel: THE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 16 NAME STREET NORIESS STREET NORIESS STREET NORIESS TON'S-IPP MAMM, FL 33015 THE ORANGE STREET NORIESS STREET NO	Zip	Country	Zip	Cou	untry	5. Certificate o	f Status Desired				
BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 City FL Zp 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, an the obfigations of registered agent. SIGNATURE Symatrix, hord or premed name of information depend and title * spoticrate* (NOTE Registered Agent spreadure Required spreadure required when remaining) DATE Filling Fee is \$61.25		6. Name and Address of Current	Registered Agent		Į	7. Name and A	Address of New F	Registered Age	ınt		
SIGNATURE Signature Signa	GLOBAL C	COMMERCE CENTER TH COMMERCE PARKWAY			Street Add	dress (P.O. Box Number	is Not Acceptabl		Zip Code	e	
Trust Fund Contribution. Added to Fees	the obligat	ions of registered agent.	-		•		, in the State of Fl		iliar with,	and accept	
TITLE MAKE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE P GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE D GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE D GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE D GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE D GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE D GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE D GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE D GRAVEILINE, DAVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33015 TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI GRAVE STREET ADDRESS CITY-ST-ZP MIAMI GRAVE STREET ADDRESS CITY-ST-ZP MAME STREET ADDRESS CITY-ST-ZP MAM					\$5.00 May Be						
MAME STREET ADDRESS TITLE VS MIAMI, FL 33015 TITLE VS MIAMI, FL 33015 TITLE VS MIAMI, FL 33015 TITLE P MIAMI, FL 33015 TITLE NAME GRAVEILINE, DAVE TITLE NAME ROBINSON, DICK STREET ADDRESS CITY-ST-2P TITLE NAME ROBINSON, DICK TITLE NAME ROBINSON, DICK TITLE NAME ROBINSON, DICK TITLE NAME STREET ADDRESS TITLE TIT	10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIREC	TORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD	name Street address	MURPHY, CHARLES 17321 NW 66 CT	☐ Detet	NAM Str	ME REET ADDRESS	Treasurer Charles Hu 17321 Nov	CPhy Cet			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP NILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	NAME STREET ADDRESS	FRIEDMAN, MAUREEN 17321 NW 66 CT	□ Delet	NAM STR	me Reet adoress	Director Sergio Rami	in 3 cr] Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	GRAVEILINE, DAVE 17321 NW 66 CT	☐ Defet	NAM STR	ME REET ADORESS	Director Ciclena W Gase NW	eekes 1757ec	C] Change	⊠ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	ROBINSON, DICK 17321 NW 66 ST	Delete	NAM STR	ME REET ADORESS] Change	☐ Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delet	NA) Str	ME REET ADDRESS			C] Change	☐ Addition	
	NAME STREET ADDRESS		☐ Delei	NA) Str	ME REET ADDRESS			C] 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 pother like empowered.

SIGNATURE:

MAURETHO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE

Daytime Phone #