ANNUAL REPORT

DOCUMENT # N14148

1. Entity Name



FILED Apr 15, 2005 8:00 am Secretary of State

| ASSOCIATION, INC. | | | | 04-15-2005 90070 044 ****61.25 |
|---|--|---|---------------------------------|--|
| 8789 MISTY CREEK BLVD 87 | | Mailing Address 8789 MISTY CREEK BLV SARASOTA, FL 34241 | D US | |
| | | | | |
| 2. Principal Place of Business 3. M | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01032005 Chg-NP CR2E037 (10/03) |
| City & State | | City & State | | 4. FEI Number |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired |
| | 6. Name and Address of Current F | legistered Agent | | 7. Name and Address of New Registered Agent |
| Name: - | | | | The second secon |
| THOMPSON, STEPHEN PORGES, HAMLIN, KNOWLES, PROUTY, PA Street Add 1205 MANATEE AVE WEST | | | | Address (P.O. Box Number is Not Acceptable) |
| BRADENT | ON, FL 34205 | | | |
| | | 1 | City | FL Zip Code |
| 8. The above named entity submits this statement for the durpose 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 gripmted registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| | Supracure, types of printed registers registered agent a | попа врежение. | usfizieion ufest sifuet | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Camp Trust Fund Co | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| ₄ 10. | OFFICERS AND DIR | ECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| NAME STREET ADDRESS CITY-ST-ZIP | T BAKER, WILLIAM 8349 EAGLE LAKE DRIVE SARASOTA, FL 34241 | ⊠ Delete | NAME STREET ADDRESS CITY-ST-ZIP | BOEHM, DAVID 8313 MISTY WOOD COURT SARASOTA FL. 34241 |
| TITLE | D3 | ☐ Delete | TITLE | P |
| NAME | THOMPSON, BILL | | NAME | THOMSON BILL 8505 EAGLE PRESERVE WAY |
| STREET ADDRESS CITY-ST-ZIP | 8505 EAGLE PRESERVE WAY SARASOTA, FL 34241 | | STREET ADDRESS CITY-ST-ZIP | SARASOTA, FL. 34241 |
| TITLE | Р | 🔀 Delete | TITLE | Change Addition |
| STREET ADDRESS | FRED, DAMAIA | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 34241 | | CITY-ST-ZIP | |
| TITLE NAME | D MITCHELL, JAMES | ⊠ Delete | TITLE NAME | GEROW, LEONARD Change MAddition 8513 EAGLE PRESERVE WAY |
| STREET ADDRESS CITY-ST-ZIP | 8497 EAGLE PRESERVATION W SARASOTA, FL 34241 | AY | STREET ADDRESS CITY-ST-ZIP | SARASOTA, FL. 34241 |
| TITLE | D | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BAUGHMAN, TOM | | NAME | |
| STREET ADDRESS CITY-ST-ZIP | 8312 MISTY WOOD COURT SARASOTA, FL 34241 | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | D | ☐ Delete | TITLE | Change Addition |
| NAME | SCALICI, JAMES | | NAME | |
| STREET ADDRESS CITY-ST-ZIP | 8453 EAGLE PRESERVE WAY SARASOTA, FL 34241 | | STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 first eceiver 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 of the first empowered.

SIGNATURE: