2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 04, 2007 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired \$8.75 Addition \$8.75						Secreta	iy oi sta	ic
6555 ESTERO BLVD. FT. MYERS BEACH, FL 33931 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	1. Entity Name	9	OCIATION, INC.			09-04-2007 9	0039 026 ****61.2	5
Suite, Apt. 9, etc. Suite, Ap	6555 ESTERO BLVD.		6555 ESTERO BLVD.	3931		I MANAKH DEN HURK HERO NOJE HERO N	ali bish biri biri diri diri bibi bib	
City & State City & State City & State Country City & State Country City & State Country City & State Country Country Country Country Country S. Certificate of Status Desired Set Status Desired Set Status Desired Set Status Desired Set States Near Desired Address of New Registered Agent Near Desired Address of New Register	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Second Status Desired Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03212007 Chg-NP	CR2E037 (12/06)	
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PATERNO. PETER S JR 6555 ESTERO BLVD. FT. MYERS, FL 33931 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE Signature Special Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature Special Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Signature Special Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.	Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 Add	litional
PATERNO. PETER S JR 6555 ESTERO BLVD. FT. MYERS, FL 33931 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE Signature Special Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature Special Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Signature Special Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.		6. Name and Address of Current	Registered Agent			7. Name and Address of New	Registered Agent	
FI. MYERS, FL 33931 City					Name R. Travis Owen			
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 Forda. I am familiar with, and the obligations of registered agent. SIGNATURE SIGNA				<u> </u>				
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, and the obligations of registered agent. SIGNATURE Signature, Typed or printed name of registered agent and the it explicable. Filling Fee is \$61.25 Due by May 1, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DY PATERNO, PETER JR 8556 ESTERO BLVD FORT MYERS BEACH, FL 33931 DVS PATERNO, ZOLA SIRET ADDRESS CITY-ST-2P FORT MYERS BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-2P TITLE DVM ORTMAN, CYNTHIA Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS					255	Estero BI		
SIGNATURE Signature typed or printed name of signatured agent and life if applicable. (NOTE Registered Agent agreets required when refraitance) DATE			r the purpose of changing its re		r register	ed agent, or both, in the State of F		
Suprature, Typed or printed name of registered Agent and stigutative regulated when intrinstating)	_	ions of registered agent.	Dux - Also	o ilet	/		8/15/07	
Trust Fund Contribution. Added to Fees	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati	ure required	when reinstating)	DATE	
TITLE NAME PATERNO, PETER JR 6555 ESTERO BLVD FORT MYERS BEACH, FL 33931 TITLE NAME PATERNO, ZOLA 6555 ESTERO BOULEVARD FORT MYERS BEACH, FL MAME STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL MAME STREET ADDRESS CITY-ST-ZIP TITLE D/M ORTMAN, CYNTHIA TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Chan		_						
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12. I hereby certify that the information supplied with this filling 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 analyziness, with all other like empowered.

GNATURE: SIGNATURE AND TYPED OR PRINTED HAMP OF BIGHNESS OFFICER OR DRESENSOR

239 463 6049 Daytime Phone #