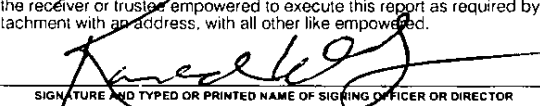


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90018 030 ****61.25

DOCUMENT # N19613 1. Entity Name BEVERLY HILLS RECREATION ASSOCIATION, INC.					
Principal Place of Business 77 CIVIC CIRCLE P.O. BOX 640363 BEVERLY HILLS, FL 34465 US			Mailing Address 77 CIVIC CIRCLE BEVERLY HILLS, FL 34465 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2812611	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, PETE 882 W COLBERT CT BEVERLY HILLS, FL 34465				7. Name and Address of New Registered Agent Name Fair, Ronald Street Address (P.O. Box Number is Not Acceptable) 222 S Fillmore Street City Beverly Hills FL Zip Code 34465	
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 accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-24-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, PETE <input checked="" type="checkbox"/> Delete 882 COLBERT CT BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ronald Fair <input type="checkbox"/> Change <input type="checkbox"/> Addition 222 S Fillmore St Beverly Hills FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COLBERT, MICHAEL <input type="checkbox"/> Delete 4759 N. CRESTLINE DR. BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GONZALES, VINCE <input type="checkbox"/> Delete 310 S FILLMORE ST BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GERSHKON, IRA <input type="checkbox"/> Delete 3609 N LUCILLE ST BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-24-08 Daytime Phone #	