2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

05-02-2007 90060 038 ****61.25

1. Entity Nam	ne	# N21575 AST CONDOMI	NIUM AS	SOCIATION	l,				03-02-2		000 038	01.23
Principal Place of Business C/O UNGERMANN P.O. BOX 395 JUPITER, FL 33468			ERMANN C/O UNGERMANN (395 P.O. BOX 395]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]			
2. Principal Place of Business - No P.O. Box #			3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01162007	Chg-NP	CR2	E037 (12/06)		
City & State			City & State					4. FEI Numb 59-245			h -	oplied For ot Applicable
Zip	Zip Country		Zip	Zip Co		untry		5. Certificate	e of Status Desire	a 🗆	\$8.75 Add Fee Require	
	6. Name a	and Address of Currer	nt R i gistered	l Agent				7. Name and	Address of Nev	w Register	ed Agent	
CORNE C		-	1.00			Name			<u> </u>			
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725 N. A. 1 STE. # E-1		\$	Street Addres			i) seenous	O. BOX NUMB	er is not accepte	abiej			
JUPITER,			. ž									
00111211,												
				,		City				F	Zip Cod	Θ
8. The above the obligat	named entity tions of registe	submits this statement red agent.	for the purpo	se of changing it	s registere	ed office o	register	ed agent, or bo	oth, in the State of	Florida. I r	am familiar with,	and accept
CONTRIBE		`										
SIGNATURE .	Signature typed o	or printed name of registered age										
			oniano ode rappo	cable. (NO	TE: Registere	d Agent signat	behicper and	when reinstating)		DAI	F	
ν ,		A burned wante or redistrated after	eni and title if appie	cable. (NO	TE: Registere	d Agent signat	ture required	when reinstating)		DAI	E	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4128107

5761-575-5848