## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N23056 FAL MAINTENANCE ASSOC	SIATION, INC.		02-11-2008 90061 039 ****61.25
		Mailing Address SEACREST SERVICES 2400 CENTRE PARK W. I WEST PALM BEACH, FL		] (78/38/30 UT08 3/// 00/0 S///8 0// 0/7/ 0/7/ 0/7/ 0/7/ 0/7/ 0/7/ 0
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)
City & State	9	City & State		4. FEI Number Applied For 65-0036927 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
	M RISTAL CIRCLE ACH GARDENS, FL 33410	•.•	Name Street A	ddress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office o	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE :	Signature, typed or printed name of registered agent an	od title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE  D  SCHULMAN, BARBARA  2552 LA CRISTAL CIRCLE	9. Election Camp Trust Fund Co	paign Financing ontribution.  111.  TITLE TOTAL NAME STREET ADDRESS	\$5.00 May Be Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10—  Change Change Addition  Change Change Change  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10—  Change
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE D SCHULMAN, BARBARA	9. Election Cam Trust Fund Co  ECTORS  Delete  110  Delete	paign Financing ontribution.  111.  NAME	\$5.00 May Be Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10—  UP  George Bermuciez  2551 LACRISTAI CIRCIE  PAIM BEACH GARDENS FL 334/D  PGEOTYE JOHNSON Change PADDITION  Change PADDITION  Change PADDITION  Change PADDITION  DGEOTYE JOHNSON Change PADDITION  2520 LACRISTAI CIRCIE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE  D SCHULMAN, BARBARA 2552 LA CRISTAL CIRCLE PALM BEACH GARDENS, FL 334 TDSD HAAS, SHELDON 2596 LA CRISTAL CR.	9. Election Camp Trust Fund Co	paign Financing ontribution.  i 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Production  George Bermuciez  2551 LACRISTAI CIRCIE  PAIM BEACH GARDENS FL 33410  DGOGGE TOWSON Change PARTITION
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE  D SCHULMAN, BARBARA 2552 LA CRISTAL CIRCLE PALM BEACH GARDENS, FL 334 TDSD HAAS, SHELDON 2596 LA CRISTAL CR. PALM BEACH GARDENS, FL 334 P KOCH, THOMAS 2604 LACRISTAL CIRCLE	9. Election Camp Trust Fund Co ECTORS  Delete 410  Delete 410  Delete	paign Financing ontribution.  i 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  UP  Change PAddition  George Bermuciez  2551 LACRISTAI CIRCIE  PAIM BEACH GARDENS FL 334/0  PGEOTYE JOHNSON Change PADDITION  2520 LACRISTAI CIRCIE  PAIM BEACH GARDENS FL 334/0
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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

15/08

581-776-9699

Daytime Phone #