2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N27740 RRE ASSOCIATION, INC.			08-26-2004 90001 011 ****61.25		
	e of Business DAT CLUB RD. KEY, FL 34228 US	Mailing Address 455 LONGBOAT CLUB RD LONGBOAT KEY, FL 342		54069940		
2. Principal P	Place of Business	3. Mailing Address 545 BCU IS	les Ro			
Suite, Apt.	#, etc.	Suite, Apt. #, etcl.		07072004 Chg-NP CR2E037 (10/03)		
City & Stat	e	City & State	ey-Fl	4. FEI Number Applied For 65-0215888 - Nor Applied	—	
Zip	Country	34228	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
KOHR, NAN			Name	1212 Callans Management Corp.		
	BOAT CLUB RD. AT KEY, FL 34228		Street A	edress (P.O. Box Number is Not Acceptable)		
			City	ute 201	_	
		the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and acce	<u>ζ</u> ∋pt	
the obligat	tions of registered agent.			1	·	
SIGNATURE	Beth Callans, Pred	i. X/	Betre	allan		
	Closetium transfer existed name of maintained speed or	ed total é analisantia (\$107£)	Monatored Court aloust	DATE		
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	legistered Agent signatu	ure required when reinstating) DATE		
-	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 ue by September 8, 2004	9. Election Camp Trust Fund Co	paign Financing	standard when reinstating) \$5.00 May Be Added to Fees Added to Fees DATE Make check payable to Florida Department of State	÷	
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12. I hereby certify that the information surplied with this Hing 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 teport by type 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 this tee employered 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 artdress, with an other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #