2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 8:00 am Secretary of State

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DOCUMENT # N29246 1. Entity Name ASSOCIATION OF VILLAGES OF FIRESIDE, INC.							22 016 ****70		
	e of Business NG BLVD 118 RK, FL 32065 US	Mailing Address 786 BLANDING BLVD 11 ORANGE PARK, FL 3206			!	SOSIO IITIK OLDIO SIII DI	BIL BIBIL BIBIL dib u bibil	BILIIIII OI IORI	
2. Principal Place of Business - No P.O. Box # 3. f		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242008 CI	hg-NP	CR2E037 (12/06	i)	
City & State		City & State			4. FEI Number Applied For 59-2916816 Not Applicable				
Zíp	Country	Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 / Fee Regu	Additional	
*	6. Name and Address of Current	Registered Agent		1	7. Name and Add	ress of New Rec	istered Agent		
PERRY, ALAN				7. Name and Address of New Registered Agent Name					
786 BLANDING BLVD. #118 ORANGE PARK, FL 32065			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	e de la companya de l		City				FL Zip C	ode	
	named entity submits this statement frions of registered agent.	or the purpose of changing its re	egistered office o	r registeri	ed agent, or both, in	the State of Florid	da. I am familiar w	th, and accept	
SIGNATURE .									
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: F	Registered Agent signal	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Campaign Financing					\$5.00 May Be	Ma)	ke check payabl	e to	
Due by May 1, 2008 Trust Fund Contribution									
10.	OFFICERS AND D		ontribution.	<u> </u>	Added to Fees	Florid	a Department of	State	
	70		11.	<i>p</i>	Added to Fees ADDITIONS/CHANG	l	AND DIRECTORS	IN 10	
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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 of 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

3-04-08

Daytime Phone #