## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2008 8:00 am Secretary of State

	743444				$\sim$ •	Ciciai	,		
1. Entity Nam	MENT # N32804 cres association, in	C.			02	2-25-2008 900:	50 023 ****6:	1.25	
4075 DRANCE ST 407			Mailing Address 4075 DRANCE ST CHARLOTTE HARBOR, FL 33980		1.44411121	1881 JANJI 28111 BEBI 818(1 B	NIGNI BERNIL RIGHI BIRNI BERNI	i <del>it</del> el et 1891	
2. Principal Place of Business - No P.O. Box # 3. I		3. Mail	3. Mailing Address						
Suite, Apt. #, etc.		Su	ite, Apt. #, etc.		02052008 Cr	ng-NP CF	R2E037 (12/06)		
City & State		Cit	City & State		4. FEI Number				
Zip	Country	Zip	)	Country	5. Certificate of Sta	atus Desired	\$8.75 Add		
	6. Name and Address of Curre	nt Registere	d Agent		7. Name and Add	ress of New Regist	ered Agent		
WILLIS, LINDA				Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
4075 DRANCE ST CHARLOTTE HARBOR, FL 33980				Sileer Addie	ess (r Dox radiniber is r				
				City			FL Zip Code	le	
	named entity submits this statemen lions of registered agent.	t for the purp	ose of changing its	registered office or reg	gistered agent, or both, in	the State of Florida.	I am familiar with,	and accept	
SIGNATURE .						<del></del>			
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if app	11.000	: Registered Agent signature re			DATE		
SIGNATURE .	Signature, typed or printed name of registered agreement of the state	ent and the if app	11.000	npaign Financing	\$5.00 May Be Added to Fees	Make	Check payable to		
SIGNATURE	Filing Fee is \$61.25		9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be	Make Florida E	check payable to Department of St	tate ·	
	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D WIESNETH, ALAN 175 COCONUT ST	DIRECTORS	9. Election Cam Trust Fund C	npaign Financing Contribution,	\$5.00 May Be Added to Fees	Make Florida E	check payable to Department of St	tate ·	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D WIESNETH, ALAN	DIRECTORS	9. Election Cam Trust Fund C	npaign Financing contribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida E	check payable to Department of SI	tate	
10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D WIESNETH, ALAN 175 COCONUT ST PORT CHARLOTTE, FL 3398 P HOLICKI, JOHN HARBORVIEW RD	DIRECTORS	9. Election Carr Trust Fund C	npaign Financing contribution.   11.  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida E	check payable to Department of St ND DIRECTORS IN	1 10 Addition	
TO.  TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D WIESNETH, ALAN 175 COCONUT ST PORT CHARLOTTE, FL 3398 P HOLICKI, JOHN HARBORVIEW RD PORT CHARLOTTE, FL 3398 ST WILLIS, LINDA 4075 DRANCE ST	DIRECTORS 0	9. Election Carr Trust Fund C	npaign Financing contribution.   11.  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida E	check payable to Department of St ND DIRECTORS IN Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND  D WIESNETH, ALAN 175 COCONUT ST PORT CHARLOTTE, FL 3398 P HOLICKI, JOHN HARBORVIEW RD PORT CHARLOTTE, FL 3398 ST WILLIS, LINDA 4075 DRANCE ST PORT CHARLOTTE, FL 3398 D BARR, SARAH J 171 COCONUT ST	DIRECTORS 00	9. Election Carr Trust Fund C	Inpaign Financing contribution.   11.  IIILE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida E	check payable to Department of St ND DIRECTORS IN Change	N 10 Addition  Addition  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:

Juda D Millis Sect Ireas

2-20-2008 941-627-0654

Daytima Phone #