2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N37351

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90328 034 ****61.25

1. Entity Nam	ne	EXFIRE COMMO	ONS ASS	OCIATION, IN	IC.			110 2003 9032		1.20
Principal Place of Business 1070 FOXFIRE LANE NAPLES, FL 34104 US			P0 E	Mailing Address PO BOX 8478 NAPLES, FL 34101-8478 US				500:		
2. Principal Place of Business			3. Mai	iling Address						
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			03022005 _C	hg-NP CR	2E037 (10/03)		
City & State		Ci	City & State			4. FEI Number 59-245262	21	 	oplied For ot Applicable	
Zip Country					untry	5. Certificate of S		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT., INC			INC			Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, I		ER WAY #1								
						City			FL Zip Cod	е
	named entity tions of regist		nt for the purp	oose of changing its	register	1 ed office or regis	stered agent, or both, in	the State of Florida.	I am familiar with,	and accept
SIGNATURE	Slonsture, lyned	or printed name of registered a	nent and title if an	odinable (MOTI	E. Oosistaa	4		_		
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	Filing Fe	e is \$61.25 1ay 1, 2005		9. Election Car Trust Fund (mpaign F	inancing' _	\$5.00 May Be Added to Fees	Make o	heck payable t	o tate
10.	Filing Fe Due by N	e is \$61.25		9. Election Car Trust Fund (mpaign F	Financing	\$5.00 May Be Added to Fees	Make o	heck payable t epartment of S	tate
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12. I hereby certify that the information supplied with this filing 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 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

Date

Date

Date

Designed Florida Statutes. I further certify that the information 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report 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 chapter is 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 chapter is 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 chapter is 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 chapter is 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 chapter is 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 chapter is the receiver of the receiver or trustee empower is the receiver of the receiver or tr