2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2005 8:00 am Secretary of State

| 1. Entity Nam | MENT # N39965 AN PARK CIVIC ASSOCIAT | TION, INC. | | | | | 07-05-2005 9 | • | | |
|---|--|--|---|--|--|---|--|--|--|------------------------------|
| C/O MORCEL 1405 CARLO | | Mailing Address ALDERMAN PARK CIVIO P.O. BOX 8549 JACKSONVILLE, FL 32 | | S | | 4 481 (188 | | | | |
| | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. 1261 Az 0 | ERMAN ROAD E. | Suite, Apt. #, etc. | | | | 06292005 | Chg-NP | CR2E00 | 37 (10/03) | |
| City & Stat | VVILLE. FL | City & State | | | | 4. FEI Number 59-3049 | 313 | | | oplied For ot Applicable |
| Žip 32211 | Country DUVAL | Žip | Cour | ntry | | 5. Certificate o | f Status Desired | | \$8.75 Add Fee Require | |
| | 6. Name and Address of Current I | Registered Agent | | | | 7. Name and A | iddress of New I | Registered / | Agent | |
| CANTH U | ABOLD | | ŀ | Name | | | | | | |
| SMITH, HAROLD 1320 BELLEMEADE BLVD JACKSONVILLE, FL 32211 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | \ \Q_{i,j} + | | - | City | • | • | · | FL | Zip Cod | le . |
| 8. The above | named entity submits this statement for | the nurnose of changing its | e registere | d office or | ragistar | ad agent, or both | in the State of E | | familiar with | and accept |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered agent a | and title if applicable. (NOT | TE: Registered | Agent signatu | nue tednikeq | when reinstating) | | DATE | | |
| D | Filling Fee is \$61.25 | 9. Election Cal | mpaign Fir | nancing | ure required | \$5.00 May Be Added to Fees | | Make check | k payable t | |
| D. 10. | Filing Fee is \$61.25 | 9. Election Cal Trust Fund (| mpaign Fir | nancing | | \$5.00 May Be | Flo | Make checi orlda Depar | tment 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: WALLERLY FANT TREAS 06-19-05 904-721-3117
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHTING OFFICEROR DIRECTOR DELETOR DATE DATE DATE DELTOR DIRECTOR