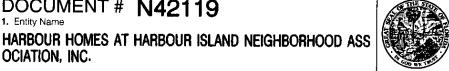
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N42119** 1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90128 042 ****61.25

OCIATIO	N, INC.											
Principal Pla 424 KNIGHTS TAMPA FL 33 US		S	424 KN	Mailing Address 424 KNIGHTS RUN AVE TAMPA FL 33602 US				Annasina				
2. Principal	Place of Busir	ness		ling Address	=							
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Suite, Ap	i. #, eic.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te		City & State					4. FEI Number 59-3095803 Applied For Not Applicable				
Zip Country			Zip Co.			ıntry		5. Certificate of Status Desired \$8.75 Additional Fee Required				Iditional
	6. Name	and Address of Curren	t Registere	d Agent_	~ ·~ · ···			7. Name and Addr	ess of New Re			-
						Name						
CONDO: C/O CAI		•	Street Address (P.O. Box Number is Not A									
3001 EXECUTIVE DR., STE. 260											1.0	
CLEARWATER FL 33602						City				FL	Zip Cod	de
the obliga	itions of regist	y submits this statement for ered agent. Mulliple of printed name of registered agent.	L	LCH	M			when reinstating)	ae State of Flori	-//-(DATE	13	and accept
\$					ontribution		Ш ,	\$5.00 May Be Added to Fees	Florida	e Check a Departi	ment of	State
10.	DT	OFFICERS AND DI	RECTORS		11.		Al	DDITIONS/CHANGE	S TO OFFICERS	S AND DIRI		
TITLE NAME	_	V, ANDREY		Delete	TITLE		300	Kic Nelse 3 3 hipw Mpg, FC	n		☐ Change	Addition
TREET ADDRESS		WATCH CIRCLE				ET ADDRESS	114	35 hipw	atchei	ICH		
CITY-ST-ZIP	TAMPA FL			_	CITY-	·ST-ZIP	Tal	MAA. FC	3360	52		
ITLE IAME Street adoress Sity-St-Zip	1125 SHIP TAMPA FL			Delete		ET ADDRESS ST-ZIP	ELIC 90 Tal	Hoening 5 Mizze mpg EL	°1 Masi 336.0	1	Change	Addition
ITLE IAME ITREET ADDRESS IITY-ST-ZIP	COBB, BA 1185 SHIP TAMPA FL	RT WATCH CIRCLE		☐ Delete							▼ Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	DP SCHAUER, 1128 SHIP TAMPA FL	WATCH CR		☐ Delete							☐ Change	☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP	D- // LOGSDON 1150 SHIP TAMPA FL	, JACK WATCH CIRCLE		☐ Delete							Change	☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP				☐ Delete]	Change	☐ Addition

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 truetee 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 address, with all ether like empowered.

SIGNATURE:

7-17-03

813-277-9080