## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42684

FILED Apr 30, 2005 Secretary of State

Entity Name: THE COMMUNITIES OF EAST ARLINGTON, INC.

	rincipal Place of	f Business:	New Prince	cipal Place of Business:
P.O. BOX JACKSON	350363 IVILLE, FL 32235	5 US		
Current N	lailing Address:		New Maili	ing Address:
P.O. BOX JACKSON	350363 IVILLE, FL 32235	5 US		
FEI Number	: 59-3052066	FEI Number Applied For()	FEI Number Not App	Dlicable ( ) Certificate of Status Desired ( )
Name and	d Address of Cur	rrent Registered Agent:	Name and	d Address of New Registered Agent:
1786 HIGH	OTT, JOHN H BROOK COUR <sup>*</sup> IVILLE, FL 32225			
	e named entity sub e of Florida.	omits this statement for th	e purpose of changing	its registered office or registered agent, or both
SIGNATU	RE:			
	Electronic	Signature of Registered A	Agent	Date
OFFICER	S AND DIRECTO	RS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	PD () De MCDERMOTT, JOI 1786 HIGH BROOI JACKSONVILLE, F	HN K COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
T:41	VPD ()De		Title: Name:	VPD (X) Change ( ) Addition WAUGAMAN, SONDRA
Name: Address:	WAUGAMAN, SON 7639 N RAIN FORI JACKSONVILLE, F	EST DRIVE	Address: City-St-Zip:	3936 VALLEY GARDEN DR. W. JACKSONVILLE, FL 32225
Name: Address: City-St-Zip: Title: Name: Address:	7639 N RAIN FORI	EST DRIVE FL 32227 elete DL AD		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	7639 N RAIN FORI JACKSONVILLE, F TD () De SCHIRADO, CARC 1345 GATELY RO JACKSONVILLE, F SD () De WARREN, ANDY 2085 DERRINGER	EST DRIVE FL 32227  elete DL AD FL 32225  elete	City-St-Zip: Title: Name: Address:	JACKSONVILLE, FL 32225
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	7639 N RAIN FORI JACKSONVILLE, F TD () De SCHIRADO, CARC 1345 GATELY RO JACKSONVILLE, F SD () De WARREN, ANDY 2085 DERRINGER	EST DRIVE FL 32227  elete DL AD FL 32225  elete R ROAD FL 32225  elete S LANE RD W	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	JACKSONVILLE, FL 32225 ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MCDERMOTT PRES 04/30/2005