2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State 01-16-2008 90016 034 ****61.25

DOCUMENT # N43861

1. Entity Name



ASSOCIATION, INC.				7		
Principal Place of Business T & G MANAGEMENT SERVICES 18001 OLD CUTLER RD. STE 509 PALMETTO BAY, FL 33157 US Mailing Address T & G MANAGEMENT SERVICES 18001 OLD CUTLER RD. STE 509 PALMETTO BAY, FL 33157). STE 509	- 	HA BKALINK OLON BLOW BLOW BLOW BLOW	ia a ii a
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc. Suite 521		Suite, Apt. #, etc. 50178 52		01042008 Chg-NF	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0320373	 	Applied For
Zip	Country	Zip	Country	5. Certificate of Status D	_ \$8.75 A	dditional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of	of New Registered Agent	
DALE C. GLASSFORD				Name Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Co	de
8. The above the obligat	named entity submits this statement fi tions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the St	ate of Florida. I am familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financing contribution,	\$5.00 May Be Added to Fees	Make check payable Florida Department of	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENNEDY, NANCY 21250 SW 97 COURT MIAMI, FL 33189	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Crange	Acdition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLL, NELSON 9704 SW 213 TERRACE MIAMI, FL 33189	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cnange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, JOSE 21201 SW 97 COURT MIAMI, FL 33189	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D GUAMNO, JANE 21220 SW 97 AVE MIAMI, FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Accition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, COLLEEN 9705 SW 213 TERRACE MIAMI, FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Λ	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
indicated of the cor	certify that the informerior supplied with on this report of supplemental report in poration of the receiver or trustee employer or attachment with an address.	s true and accurate and that me wared to execute this report a	y signature shall have the	same legal effect as if made	e under oath; that I am an office	r or director