## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 10, 2007 8:00 am Secretary of State 07-05-2007 90058 039 \*\*\*\*61.25

1. Entity Na	JMENT # N44666 stre VOOD ASSOCIATION, INC.						90058 039 '	
Principal Pta 1801 COO! ORLANDO,		Mailing Address 1801 COOK AVE ORLANDO, FL 32806	·		66020843			
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-NP	CR2E037 (12	(06 و
City & Sta	ate	City & State			4. FEI Number 59-29734	 49		Applied For Not Applicabl
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		5 Additional equired
-	5. Name and Address of Current I	Registered Agent	No.		7. Name and Ad	dress of New R		
1801 CO	STEVEN D DK AVE O, FL 32806		<u> </u>	reet Address (f	P.O. Box Number is	Not Acceptable	)	· · ·
			Cit	у		<del></del>	FL Zip	Code
8. The above the obligation of the state of	e named entity submits this statement for titions of registered agent.  Signature, typed or profed name of regulated agent a		s registered of			the State of Flor		with, and accept
				~~~~			OATE	Section Section
	Filing Fee is \$61.25 Due by May 1, 2007		mpaign Financ Contribution.		\$5.00 May Be Added to Fees	Florid	ike check paya da Department	of State
10.	OFFICERS AND DIR	<del></del>	11.	A	ODITIONS/CHANG		S AND DIRECTOR	RS IN 10
TITLE NAME STREET ADDRESS	PD MICHELSON, HELMUT 2639 ROLLING BROAK OR	☐ Deleiz	name Street adde	RESS			Cha	ange 🔲 Addition
CITY-ST-ZDP	ORLANDO, FL 32837		CITY-ST-ZIP					
TITLE NAME	STD STARNES, KATHY	□ Delete	TITLE				Cha	ange
STREET ADORESS CITY-ST-ZIP	2861 ROLLING BROAK DRIVE ORLANDO, FL	•	STREET ADDR	· I				
DILE	VP	☐ Delete	шп					nge 🔲 Addition
NAME STREET ADDRESS GITY-ST-22	STARNES, CHARLES  2861 ROLLING BROAK DRIVE  ORLANDO, FL-32837		NAME STREET ADDR SITY ST-ZP	I .				
TITLE NAME STREET ADDRESS		☐ Oelete	TITLE NAME STREET ADDRI	FSS			Cha	nge 🔲 Addition
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE				Char	nge Addition
STREET ADDRESS			STREET ADDRE	ess				•
CITY-ST-ZP	<u> </u>	☐ Delete	OTTY-ST-ZIP		,		☐ Chan	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRE CITY-ST-ZIP	22				, , , , , , , , , , , , , , , , , , , ,
indicated	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower on an attachment with an address, with	ue and accurate and that m	w skonature sha	all have the sar	me legal effect as if	made under nat	the that I am an offi	icer or director
	1 - 1	///	1 -	_	es 8/2	/ /		1