,2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45333

1. Entity Name



FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90202 049 ****61.25

Daytme Phone #

Dete

ASSOCIATION, INC.											
Principal Place of Business 409 E COLLEGE RUSKIN, FL 33570		P.O.	Mailing Address P.O. BOX 6124 SUN CITY CENTER, FL 33570								
		.,									
2. Principal F	Place of Business - No P.O. Box #	3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Si	Suite, Apt. #, etc.			02182008 Chg-NP CR2E037 (12/06)					
City & State		Ci	City & State			4. FEI Number Applied For 59-3113571 Applied For Not Applicable					
Zip	Country	Zi	Zip Coun		intry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Curre	nt Register	ed Agent	1		7. Name and A	ddress of New F				
TRIMMER, KATHY											
						se (P.O. Box Number is Not Acceptable)					
KUSKIN,	FE 333/5										
	• •				City			FL	Žip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
mo oviiganono o regionerea agent.											
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when remastring) DATE											
Filing Fee is \$61,25 9. Election Campaign Financing						\$5.00 May Be	· ·	lake check	pavable t		
	Due by May 1, 2008		Trust Fund Contribution.			Added to Fees Florida Department of State					
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHAN	VGES TO OFFICE	RS AND DIF			
TITLE NAME	DP Delete			TITLE NAME					☐ Change	Addition	
STREET ADORESS	2013 E DEL WEBB				ET ADORESS						
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY	-ST-ZIP						
TITLE	D		Delete	TITL	i				☐ Change	Addition	
STREET ADDRESS	SMIK, JOAN 332 CALOOSA PALMS CT		STRE		ET ADORESS						
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP							
TITLE	D Delete			πη		•			☐ Change	Addition	
NAME	PALMER, WILLIAM	NAME		1							
STREET ADDRESS CITY-ST-ZIP	322 CALOOSA WOODS LANE SUN CITY CENTER, FL 33573				et adoress -st-zip					į	
TITLE	DS	•	Delete	TITL					☐ Change	Addition	
NAME	WATERS, LEIGH		CI DURCE	NAM					C) Guange	Acciden	
STREET ADDRESS	315 CALOOSA WOODS LANE			STRE	ET ADORESS					ļ	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	3		CITY	-ST-ZIP						
TITLE	DVP		Delete	IITLI					Change	Addition	
NAME Street address	WARD, HILLARD 2024 E DEL WEBB			NAM STRE	ET ADORESS						
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	,			-ST-ZIP						
TITLE	D		☐ Delete	IIILE					☐ Change	Addition	
NAME	SALMON, DOUGLAS			NAME					•		
STREET ADDRESS CITY-ST-ZIP	2038 E. DEL WEBB BLVD				ET ADORESS						
	SUN CITY CENTER, FL	ith this filing	does not qualify to		-ST-ZP	Lin Chanter 110 F	Borida Chatridas 1	huther access	that the '-	formati	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.										

SIGNATURE AND TOPED OR PROPIED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: _