2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT.

BROSSEIT, BRETT STREET ADDRESS CITY-ST-ZP PORT CHARLOTTE, FL 33953 TITLE NAME PARHAM, JOHN NAME PARHAM, JOHN NAME STREET ADDRESS CITY-ST-ZP PORT CHARLOTTE, FL 33953 TITLE S NAME CAREY, PAUL STREET ADDRESS A 100 RIVERWOOD DRIVE OITY-ST-ZP PORT CHARLOTTE, FL 33953 TITLE S NAME CAREY, PAUL STREET ADDRESS A 100 RIVERWOOD DRIVE OITY-ST-ZP PORT CHARLOTTE, FL 33953 TITLE DT TURKER, VIC STREET ADDRESS STREET ADD	1. Entity Nam	MENT # N49868 FOOD COMMUNITY ASSOC	CIATION, INC.			8 PM 12: 06	
Sullo Apt. f. stc. Salo. Apt. f. stc. City & State Committee A FEI Number 5. Certificate of Status Desired Salo Share Specified Salo Share Spec	4100 RIVERWOOD DRIVE 12671 WHITEHALL DRIVE				<u> </u>		
Sale, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Apt. Apt. Apt. Apt. Apt. Apt. Apt. Apt.	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Second Second Second Second Second Second Second Sec	Suite, Apt. #, etc. Suite, Apt. #, etc						
S. Name and Address of Current Registered Agent S. Name and Address of Status Desired S8.75 Addisional Feb. Required Fe	City & State	9	City & State		05 0040004		
OMNI MANAGEMENT SERVICES 27499 RIVERVIEW CENTER BOULEVARD SUITE 238 BONITA SPRINGS, FL 34134	Zip	Country	Zip	Country	5. Certificate of Status I		75 Additional
SIGNATURE	27499 RIVI SUITE 238 BONITA SI	ERVIEW CENTER BOULEVA PRINGS, FL 34134		Street Address			33907
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PARKET ALORESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE NAME CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE S CAREY, PAUL STREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE S CAREY, PAUL STREET ADDRESS TITY-S1-2IP TURNER, VIC STREET ADDRESS TOTY-S1-2IP TURNER	the obligation	strature, typed or printed name of registered ager	t and title if applicable (NDE) 9. Election Cam	Registered Agent signature rec	St.00 May Be	DATE Make check pay	able to
ITILE NAME SHORTS HORE STREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE VP PARHAM, JOHN SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE S CAREY, PAUL SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE DT SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE DT SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE DT SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE DT SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE DT SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE DT SIREET ADDRESS CITY-S1-2IP PORT CHARLOTTE, FL 33953 TITLE DT SIREET ADDRESS CITY-S1-2IP SIREET ADDRESS CITY-S1-2IP SIREET ADDRESS CITY-S1-2IP SIREET ADDRESS SIREET ADDRESS CITY-S1-2IP SIREET ADDRESS CITY-S1						<u> </u>	
ITILE PARHAM, JOHN SIREE ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33953 ITILE S CAREY, PAUL SIREE ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33953 ITILE DT TURNER, VIC SIREE ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33953 ITILE DT TURNER, VIC SIREE ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33953 ITILE DT TURNER, VIC SIREE ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33953 ITILE DRAW CITY-ST-ZIP PORT CHARLOTTE, FL 33953 ITILE DRAW CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33953 ITILE DRAW CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE, FL 33953 ITILE DRAW CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP DELETE CITY-ST-ZIP CITY	NAME STREET ADDRESS	P BROSSEIT, BRETT 4100 RIVERWOOD DR	🗖 Delete	NAME (1)	chael woolery		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 apcurate 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, or on an attachment with an address, win all other like empowered.	NAME STREET ADDRESS	TURNER, VIC 3341 BAY RIDGE WAY		NAME STREET ADDRESS	8001 12/08/08	_	• —
NAME STREET ADDRESS CITY-ST-ZIP 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 apcurate 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, or on an attachment with an address, win all other like empowered.	NAME STREET ADDRESS	KILROY, MIKE 3155 OSPREY LANE		NAME STREET ADDRESS			Change 🔲 Addition
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 skecute 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 other like empowered.	NAME STREET ADDRESS		☐ Delete	name Street address			Change Addition
SIGNATURE: 11/20/08 941-343-4545	indicated of the cor changed,	on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address	th this filing does not qualify for is true and accurate and that moowhered to observe this report a with all other like empowered.	the exemptions contai y signature shall have as required by Chapter	ned in Chapter 119, Florida S he same legal effect as if mad 617, Florida Statutes; and tha	de under oath; that I am an at my name appears in Bloc	officer or director ck 10 or Block 11 if