2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

1. Entity Name SERVOS COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.										•	035 ****6	1.25
Principal Place of Business P.O. BOX 192 HOMOSASSA SPRINGS, FL 34447			P.0.	Mailing Address P.O. BOX 192 HOMOSASSA SPRINGS, FL 34447				LIEPISEL P	B(#)114 BB/S) (SIT) #4111	ardıs wellis üsüre	riğir Biğir Biğir Bibli	1161 31 1831
2. Principal Place of Business 3.			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01122006	Chg-NP	CR2E	037 (11/05)	
City & State			Cit	City & State				4. FEI Numb 59-291			<u> </u>	plied For t Applicable
Zip	Zip Country		Ziţ	Zip Cox		ıntry				\$8.75 Add Fee Require		
	6. Name	and Address of Cur	rent Registere	d Agent				7. Name and	d Address of Ne	w Registered	Agent	
HACTINGS	S AIODAL	4		_		Name						
HASTINGS, NORAH 7 PINEWOOD GREEN HOMOSASSA, FL 34446					Street Address (P.O. Box Number is Not Acceptable)							
	•					City					Zip Code	9
						J,				F	_	-
	named entit tions of regis	ty submits this statement stered agent.	ent for the purp	ose of changing its	register	ed office or	registere	ed agent, or bo	oth, in the State o	fFlorida. Iar	n familiar with,	and accept
SIGNATURE Spreader protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
SIGNA CORE	Signature turner	t or printed care of registered	1,4 =			ri Agent signet s	re remared	when reinstation)				
SIGNA	Signature, typed	or printed narry of registered	1,4 =			d Agent signatur	ire required	when reinstating)	<u> </u>	DATE		
SIGINA	Filing Fe	d or printed narys of registered see is \$61.25 May 1, 2006	1,4 =		E: Registere	inancing		\$5.00 May Added to Feet	Be	Make che		
10.	Filing Fe	ee is \$61.25 May 1, 2006	1,4 =	9. Election Car Trust Fund C	E: Registere	inancing		\$5.00 May Added to Feet	Be F	Make che Florida Depa	ck payable to	ate
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12. I hereby certify that the information supplied with this filing 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 certify that I am an officer of director of the corporation or the receiver of 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, with all after like empowered.

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CICNATIIDE: ~	 	

SNATURE: SIGNATURE AND TYPED OR PROJECT NAME OF BIGNING OFFICER OR DIRECTOR

1-17-06

1-352-628-3415

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