

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90008 004 \*\*\*\*61.25

<b>DOCUMENT # N92000000521</b> 1. Entity Name <b>MOLINO RECREATION ASSOCIATION, INC.</b>		
Principal Place of Business <b>2340 CRABTREE CHURCH RD MOLINO FL 32577 US</b>		Mailing Address <b>P O BOX 533 MOLINO FL 32577 US</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3142080</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>PADGETT, STEVE 4440 IVORY LN MOLINO FL 32577</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>  <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P PADGETT, STEVE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4440 IVORY LN	NAME	
STREET ADDRESS	MOLINO FL 32577	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DAN JR	NAME	Jayson Ging
STREET ADDRESS	5920 MOLINO RD	STREET ADDRESS	1034 Bet Rains Rd.
CITY- ST- ZIP	MOLINO FL 32577	CITY- ST- ZIP	Molino, FL 32577
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKER, SONJA	NAME	Sabrina Padgett
STREET ADDRESS	PO BOX 578	STREET ADDRESS	4440 Ivory Ln.
CITY- ST- ZIP	MOLINO FL 32577	CITY- ST- ZIP	Molino, FL 32577
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, DARLENE	NAME	
STREET ADDRESS	7110 N. HWY 95A	STREET ADDRESS	
CITY- ST- ZIP	MOLINO FL 32577	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darlene L. Hayes *Darlene L. Hayes* 2-3-07 (450) 587-3027