## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 08, 2007 8:00 am Secretary of State 02-08-2007 90043 001 \*\*\*\*61.25

## DOCUMENT # N9400004636

1. Entity Name



| ASSOCIA   | ATION, INC.   | SHOMEOWNERS  |   |                |                             |                |            |                            |                                 |
|---|---|--|---|----------------|-----------------------------|----------------|------------|----------------------------|---------------------------------|
| Principal Place of Business<br>C/O TROPICAL ISLES MGMT.<br>12734 KENWOOD LANE #52<br>FORT MYERS, FL 33907 US  |   | Mailing Address<br>C/O TROPICAL ISLES MGMT.<br>12734 KENWOOD LANE #52<br>FORT MYERS, FL 33907 US |   |                | 4001                        |                |            | <b>6</b> 18 8/488 11118 61 | 111 <b>(1) 1:</b> 1 <b>: 1:</b> |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |   |                |                             |                |            |                            |                                 |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |                | 01162007 Chg-N              | <b>I</b> P     | CR2E0      | 37 (12/06)                 |                                 |
| City & State  |   | City & State   |   | 4              | 4. FEI Number<br>65-0533857 |                |            | <b>⊢</b>                   | oplied For<br>ot Applicable     |
| Zip   | Country   | Zip  | Country   |                | 5. Certificate of Status    | Desired        |            | \$8.75 Add<br>Fee Require  |                                 |
|   | 6. Name and Address of Current I  | Registered Agent   |   | 7              | 7. Name and Address         | of New Re      | gistered . | Agent                      |                                 |
| DOEDDIN   | C DON   |  | Name  |                |                             |                |            |                            | _                               |
|   | G, DON<br>NWOOD LANE, SUITE 52<br>ERS, FL 33907   |  | Street Address  |                | D. Box Number is Not A      | Acceptable)    |            |                            |                                 |
|   |   |  | City  | · <del>-</del> |                             |                | FL         | Zip Cod                    | le                              |
|   | named entity submits this statement for ions of registered agent.   | the purpose of changing its rec  | gistered office or re   | gistered       | agent, or both, in the S    | State of Flori |            | familiar with,             | and accept                      |
| SIGNATURE .   | Signature, lyped or printed name of registered agent a  | nd title it applicable. (NOTE: Re  | egistered Agent signature n   | required wh    | en reinstating)             |                | DATE       |                            |                                 |
| Filing Fee is \$61.25<br>Due by May 1, 2007   |   |  | 9. Election Campaign Financing Trust Fund Contribution.   |                |                             |                |            |                            |                                 |
|   | _   | 1  | · ~ ~   |                | 5.00 May Be<br>dded to Fees |                |            | k payable t<br>tment of S  |                                 |
| 10.   | _   | Trust Fund Con   | · ~ ~   | Ac             |                             | Floric         | da Depar   | tment of S                 | tate                            |
| 10.  INTLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Due by May 1, 2007  | Trust Fund Con   | ntribution.   | Ac             | dded to Fees                | Floric         | da Depar   | tment of S                 | tate                            |
| TITLE<br>NAME<br>STREET ADDRESS   | Due by May 1, 2007  OFFICERS AND DIR  D LITTLE, FRANK 12261 CHAMPIONSHIP CIRCLE   | Trust Fund Con   | 11. TITLE NAME STREET ADDRESS   | Ac             | dded to Fees                | Floric         | da Depar   | TECTORS IN                 | tate                            |
| THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Due by May 1, 2007  OFFICERS AND DIR  D LITTLE, FRANK 12261 CHAMPIONSHIP CIRCLE FORT MYERS, FL 33913  D MILLS, MARY 12226 CHAMPIONSHIP CIR.   | Trust Fund Con   | 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | Ac             | dded to Fees                | Floric         | da Depar   | RECTORS IN Change          | Addition                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Due by May 1, 2007  OFFICERS AND DIR  D LITTLE, FRANK 12261 CHAMPIONSHIP CIRCLE FORT MYERS, FL 33913  D MILLS, MARY 12226 CHAMPIONSHIP CIR. FORT MYERS, FL 33913  DS BARRY, HARRY 12232 CHAMPIONSHIP CIR.   | Trust Fund Con   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | Ac             | DITIONS/CHANGES TO          | Floric         | da Depar   | RECTORS IN Change          | Addition                        |
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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 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:

Date

Daytime Phone #