2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90153 023 ****61.25

1. Entity Nan	MENT # N9400000					04-14-20	06 9015	3 023 ****6	51.25	
Principal Place of Business 40 SARASOTA CENTER BLVD UNIT 108A SARASOTA, FL 34240 Mailing Address 40 SARASOTA CENTER UNIT 108A SARASOTA, FL 34240 SARASOTA, FL 34240					Ł P ra inti ai	1810 BISH 8810 888				
Principal Place of Business 3.		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172006	Chg-NP	CR	2E037 (11/05)		
City & State		City & State			4. FEI Numbe 65-0529			ii	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	□ be	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
CMR PROPERTY MANAGEMENT, INC.				Name						
DONNIE P. KENNEDY 40 SARASOTA CENTER BLVD, UNIT 108A			Street A	ddress (P	O. Box Numbe	er is Not Accep	table)			
SARASOT	「A, FL 34240							. <u>.</u>		
			City					FL Zip Coo		
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its i	registered office o	r registere	ed agent, or bot	h, in the State o	of Florida. I	am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signate	ura required	when reinstating)		D.	ATE		
SIGNATURE	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2006		npaign Financing	_	when reinstating) \$5.00 May B Added to Fees		Make c	heck payable to spartment of S		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Cam Trust Fund C	npaign Financing		\$5.00 May B Added to Fees		Make c Florida De	heck payable t	State	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Cam Trust Fund C	npaign Financing contribution. 11.	□ 	\$5.00 May B Added to Fees DDITIONS/CHA	ANGES TO OFF	Make c Florida De	heck payable to epartment of S	State	
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STONE SIGNATURE: _