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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N95000001343 (1)

	COMMUNITY	ASSOCIATION.	INC
INUNWUUU	CUMMUNITY	ASSUCIATION.	INC:

Son PROMODO LINE APT 800 BRADENTON R. 34299 8. Date incorporated or Custried Son Detection R. 34299 9. Name and Address of North Registered Agent Incorporated Registered Registered Agent Incorporated Registered Registered Agent Incorporated Registered Registe	Principal Place of Business Mailing Address				-{		
APT 600 BRACKMON R. 34000 2. Principal Places of Business RT 3/660 / Robbiness RT 3/660 / Ro			-				
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SULPA PAIL + NOTE SULPAPER	2. Principal Pla	ace of Business	2a. Mailing Address			Applied For	
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63 STREET ADDRESS 63 STREET ADDRESS ***61.25 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify 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 the major of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and the major of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and the major of the corporation			DELETE	6 1 THILE	10000189	☐ Change ☐ Addition	
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64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 O7(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 employmental to execute this report as required by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the same legal effect	STREET ADDRESS			63 STREET ADDRESS	***61.25		
cetting that the information indicated on this armusi report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver or trustee enconvered to execute this report as required by. Chapter 617, Florida, Statutes and that my signature shall have the same legal effect as if made under the control of the corporation or the receiver or trustee enconvered to execute this report as required by. Chapter 617, Florida, Statutes and the receiver of the corporation of the corporation or the receiver or trustee enconvered to execute this report as required by.	CiTY-ST-ZIP	cortify that the information a tarting	deta etalo filippo la continue di conti	64 CITY - ST - ZIP	** *		
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appears in block 12 or block 13 if changed, or on an attachment with an address.	Oalii, tilat t	arrian onicer or director of the corpor	rauon or trie receiver or trustee (empowered to execut	e this report as required by Chapter 617, Flor	ida Statutes; and that my naru	

(ALFRED V. MEYER) 4-22-96 (941)192-1873