2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State

Principal Place of Business P.O. BOX 286 ELLENTON, FL 34222 US C0 010881	1. Entity Nam	MENT # N9500000 HOMEOWNER'S ASSOCI)2-02-2006	90068 044 ****	61.25	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 91242006 Chg.NP CR2E037 (11/05) City & State Country Zip Country S. Certificate of Status Desired S8.75 Additional Feed of Sec. Satus Desired Agent Age	P.O. BOX 286 P.O. BOX 286			US	1 1001101 010 10101				
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SIMA, VICTOR 5811 31ST CT E ELLENTON, FL 34222 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florid	Zip	Country	Zip	Country	5. Certificate of St	atus Desired			
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SITERET ADDRESS CITY-ST-2P WOLKOWICZ, SHARON STREET ADDRESS CITY-ST-2P BLLENTON, FL 34222 STREET ADDRESS CITY-S	SIMA MC	TOD		Name					
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 Signature Superior Super	5811 31ST CT E			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tale if applicable.				City			FI Zip Co	ode .	
SIGNATURE Signature Signa			for the purpose of changing its re-	gistered office or reg	gistered agent, or both, in	the State of Flo		h, and accept	
Filling Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. CLARK, CAROL 3115 56TH AVENUE EAST CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE WOLKOWICZ, SHARON STREET ADDRESS CITY-ST-2P TITLE WOLKOWICZ, RICHARD STORES AND ST E ELLENTON, FL 34222 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE LENTON, FL 34222 TITLE DELETION, FL 34222 TITLE TITLE DELETION, FL 34222 TITLE DELETION, FL 34222 TITLE TITLE DELETION, FL 34222 TITLE DELETION, FL 34222 TITLE DELETION, FL 34222 TITLE TITLE TITLE DELETION, FL 34222 TITLE TITLE DELETION, FL 34222 TITLE TITLE TITLE DELETION, FL 34222 TITLE T	the obligat	tions of registered agent.							
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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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 131 | Day 100 727-896-4611