## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 06, 2006 8:00 am Secretary of State

| 1. Entity Nam  | MENT # N96000002<br>EAD PARK NEIGHBORHO  |   |   |  |  | 07-06-200  | 06 90002                            | 043 ****6  | 51.25                        |  |
|--|--|---|---|--|--|--|-------------------------------------|--|------------------------------|--|
| Principal Place of Business<br>5341 SW 91ST TER<br>SUITE A<br>GAINESVILLE, FL 32608  |  | Mailing Address<br>5330 S.W 91 TERRACE<br>GAINESVILLE, FL 32608 |   |  |  |  |                                     |  | ,<br>                        |  |
| 2. Principal Place of Business   |  | 3. Mailing Address 5341 SW 91 ST TERRAGE                        |   |  |  |  |                                     |  |                              |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. SUITE A                                     |   |  | 02032006   | Chg-NP   | CR2E                                | 037 (11/05)  |                              |  |
| City & State   |  | City & State GAINES VILLE, FL                                   |   |  | 4. FEI Number 59-3385  |  |                                     | N  | pplied For<br>ot Applicable  |  |
| Zip  | Country  | <sup>zig</sup> 32608  | VS  |  |  | of Status Desired  |                                     | \$8.75 Add   |                              |  |
| 6. Name and Address of Current Registered Agent  Name  |  |   |   |  | 7. Name and Address of New Registered Agent  |  |                                     |  |                              |  |
| MEDINA, RICK<br>5330 S.W. 91 TERRACE<br>GAINESVILLE, FL 32608  |  |   | V   | Street Address (P.O. Box Number is Not Acceptable)     |  |  |                                     |  |                              |  |
| GAINESVI   | EEE, 1 E 32000   |   | 534<br>City 0   | 1 5  | SW 91  | S+ TE  | RRAC                                | € ,50  | ITEA                         |  |
| 8. The above   | named entity submits this statement for  | or the purpose of changing its re                               |   | AINE<br>registered                                     | SVILLE<br>agent, or both   | , in the State of  | Florida. I am                       | -   32<br>familiar with,                           | and accept                   |  |
| the obligat  | tions of registered agent.   | D.  |   |  |  |  |                                     | _  | ,                            |  |
|  |  |   |   |  |  |  | 7/9//                               | ~/   |                              |  |
| SIGNATURE .  | Signature, typed or printed name of registered agent   | and title applicable. (NOTE:                                    | Registered Agent signatu  | ure required wh  | nen reinstating)   |  | 3/8/0<br>DATE                       | <i>&gt;6</i>                                       |                              |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2006  | 9. Election Camp<br>Trust Fund Co                               | paign Financing   |  | nen reinstating) 5.00 May Be   |  | DATE                                | ck payable t                                       |                              |  |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2006<br>OFFICERS AND DIE  | 9. Election Camp<br>Trust Fund Co                               | paign Financing   | □ <b>\$</b>  | 5.00 May Be  |  | Make chec                           | ck payable t                                       | tate                         |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2006  | 9. Election Camp<br>Trust Fund Co                               | paign Financing Intribution.  11.  TITLE NAME STREET ADDRESS  | D ACKL   | 5.00 May Be<br>dded to Fees<br>DITIONS/CHA   | NGES TO OFFI   | Make checilorida Depa               | ck payable t                                       | tate                         |  |
| 10. TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF  PROWE, ROBERT R 5300 SW 91ST ST. GAINESVILLE, FL  DV  KRAMER, ROBERT B 5300 SW 91ST ST. GAINESVILLE, FL  | 9. Election Camp<br>Trust Fund Co                               | paign Financing intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | D ACKI<br>9447<br>GAIN<br>D BARR<br>3104               | 5.00 May Be dded to Fees DITIONS/CHA LEY JUI TOW 3 JES VILL SW 94                    | NGES TO OFFI   | Make checilorida Depa<br>CERS AND D | ck payable t                                       | tate                         |  |
| 10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE  DP ROWE, ROBERT R 5300 SW 91ST ST. GAINESVILLE, FL  DV KRAMER, ROBERT B 5300 SW 91ST ST GAINESVILLE, FL  DST COOPER, J. CLEVELAND III                  | 9. Election Camp<br>Trust Fund Co<br>RECTORS                    | Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME  | D ACKI<br>9447<br>GAIN<br>BARR<br>3104<br>GAIN<br>JEBS | 5.00 May Be dded to Fees DITIONS/CHA LEY JUI TOWN 3 JES VILL SW 9.4 ESVILLE SON 1 ES | NGES TO OFFI<br>NGES TO OFFI<br>NG | Make checilorida Depa<br>CERS AND D | ck payable tritment of S IRECTORS IN Change Change | tate<br>N 10                 |  |
| 10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE  DP ROWE, ROBERT R 5300 SW 91ST ST GAINESVILLE, FL  DV KRAMER, ROBERT B 5300 SW 91ST ST GAINESVILLE, FL  DST COOPER, J. CLEVELAND III 5300 SW 91ST TERR | 9. Election Camp<br>Trust Fund Co                               | Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME  | D ACKI<br>9447<br>GAIN<br>BARR<br>3104<br>GAIN<br>JEBS | 5.00 May Be dded to Fees DITIONS/CHA LEY JUI TOWN 3 JES VILL SW 9.4 ESVILLE SON 1 ES | NGES TO OFFI<br>DITH<br>1 ST LAN<br>E, FL<br>LIAM<br>Th WAY  | Make checilorida Depa<br>CERS AND D | ck payable tritment of S IRECTORS IN Change Change | N 10  ✓ Addition  ✓ Addition |  |
| 10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE  DP ROWE, ROBERT R 5300 SW 91ST ST GAINESVILLE, FL  DV KRAMER, ROBERT B 5300 SW 91ST ST GAINESVILLE, FL  DST COOPER, J. CLEVELAND III 5300 SW 91ST TERR | 9. Election Camp Trust Fund Co RECTORS  Delete  Delete          | Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | D ACKI<br>9447<br>GAIN<br>BARR<br>3104<br>GAIN<br>JEBS | 5.00 May Be dded to Fees DITIONS/CHA LEY JUI TOWN 3 JES VILL SW 9.4 ESVILLE SON 1 ES | NGES TO OFFI<br>NGES TO OFFI<br>NG | Make checilorida Depa<br>CERS AND D | Change  Change                                     | N 10  ✓ Addition  ✓ Addition |  |

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND THE POR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1352)335-7848 XB/06