2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N9700000 PARK NEIGHBORHOOD A	•						06 90014	007 ****6	1.25
Principal Place of Business 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301		Mailing Address 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301			-	g.v	Mitar			
2. Principal Place of Business		3. Mailing Address							B) B B B B B B B B B) 4
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03192006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State				4. FEI Number 59-352		·····	!—	oplied For
Zip	Country	Zip	Cou	intry U	SA	5. Certificate	of Status Desire	d 📋	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of Ne	w Registered	i Agent	
OLMSTEA	D, ROBERT			Name						
OLMSTEAD, ROBERT 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301				Street A	Address (P.O. Box Number is Not Acceptable)					
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				City				F	L Zip Cod	е
	named entity submits this statement (ions of registered agent.	for the purpose of changing its r	egistere	ed office or	register	ed agent, or bo	th, in the State o	Florida. I ar	n familiar with,	and accept
SIGNATURE .	R. Sant Sl	Drue tem						Macch	23,5	L006
JIGHATORE .	Clanding transfer varieties at the interest	t and life if another the state of	Desires :	h harrier it and					~ ~ ,	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and little if applicable. (NOTE:	Registered	d Agent signatu	ure required	when reinstating)		DATE	- u, , , , , , , , , , , , , , , , , , ,	<u> </u>
- SIGNATORE	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2006	nt and little if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign F	inancing	ure required	\$5.00 May B Added to Fees	de ~	DATE		<u> </u>
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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 attackment with an address, with a other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED ON PHATED NAME OF SIGNING OFFICER OR DIRECTOR

03.23.06