2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90058 032 ****61.25

1. Entity Nam	MENT # N9700000 RD ASSOCIATION OF FL) .				70038 032		20	
Principal Place of Business Mailing Address 1210 HIGHLANDS DRIVE PO 80X 1931 LAKE PLACID, FL 33852 LAKE PLACID, FL 33862				•	1 10 0 11 11 12 12	IL LEBAN BSIIK BBIN BB	FIT BENN BRISH BAND SHE		 	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282006	Chg-NP	CR2E037 (11	/05)		
City & State		City & State			4. FEI Number 65-08357	51			plied For t Applicable	
Zip	Country	Zip	:	Country	5. Certificate of	Status Desired		5 Additequired		
	6. Name and Address of Currer	t Registered Ag	jent	Name	7. Name and Ac	Idress of New F	Registered Agent			
CHILDS S	SARAHK			Name						
CHILDS, SARAH K 1210 HIGHLANDS DR LAKE PLACID, FL 33862				Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zi	ip Code	3	
	named entity submits this statement lions of registered agent.	for the purpose o	of changing its re-	gistered office or rec	gistered agent, or both,	in the State of Fl	orida. I am familia	ir with,	and accept.	
SIGNATURE										
)	Signature, typed or printed name of registered age	ni and title if applicable	i. (NOTE: R	egistered Agent signature re	equired when reinstating)		DATE			
	Signature, typed or printed name of registered age	: -	. (NOTE: R	egistered Agent signature re		l N	DATE Make check pay:	able to	 >	
	Filing Fee is \$61.25 Due by May 1, 2006	· g		aign Financing	\$5.00 May Be					
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	· g	. Election Camp	aign Financing	\$5.00 May Be	Flor	lake check pay: rida Department	t of St	ate	
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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.

SIGNING OFFICER OR DIRECTOR