2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-04-2007 90077 011 ----- 61.25 FILED

DOCUI	MENT	#N:98000	000		07.	JUN 21	PM 12: 06					
1. Entity Nam	S - + L S ASSOCIATION, INC	Homeo	سمه ل									
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Principal Place of Business Mailing Address P 0 B0X 100								RED	IST	ATEM		
711 TARROW Day Rd POBOX 100 SANIBEL, FL 33957 US SANIBEL, FL 33957 US									V CO ILI	XII IL-YAII	T-17 11	
		ωσ? –	240	126								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								0/-07	OTTO I CHIȘT FIBEL FI	KIT BITRIT OHRIK BITRIK BHITI BITRIK	TEXTURE OF FIRE	
Suite, Apt.	. etc.	•	Şu	Suite, Apt. #, etc.				04302007 CI	ng-NP	CR2E037 (12/06	i)	
City & State	9		Cit	City & State				4. FEI Number		, , ,	Applied For Not Applicable	
Zip	Country "		Zig	Zip		Country		5. Certificate of St	atus Desired	□ \$8.75 / Fee.Requ	Additional	
	6. Name	and Address of Current	Registere	stered Agent				7. Name and Add	ress of New I			
						Name			<u>~</u>	\ .		
Street Ac								ddress (P.O. Box Number is Not Acceptable)				
-							711 TARPON BAN RD					
City								Sanibel FL Zecode 50				
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.												
		-								1- 10		
SIGNATURE .	Signak ra, typed	or present name of represent noeth	and life 4 and	ricepie (NOTI	F: Recusterer	1 Agent sansi	us recurred	when lentstaing)	- 4	126/01		
												
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Fi Trust Fund Contribute								\$5.00 May Be Added to Fees		fake check payable ride Department of		
10.		OFFICERS AND DIF	RECTORS		11.			DDITIONS/CHANGE	S TO OFFICE	RS AND DIRECTORS	IN 10	
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STREET ADORESS City-SI-ZIP					1	T AODRESS ST-71P						
12. I hereby o	ertify that the	e information supplied with	this filing	does not qualify for	The exe	mptions c	ontained	in Chapter 119, Flori	da Statutes. I	further certify that the	information	
12. Thereby certify that the information supplied with this fiting does not quality 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.												
239												
SIGNATURE: / SUCHATURE AND TYPED OR PRINTED HAME DESTRING OFFICER OR DIRECTOR												