2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

DOCUMENT # NOCOCOCO



1. Entity Nam	MEN I # N9800000; ide village homeown		OCIATION,	(3)		- ₹	05-14-2008	90011 0	48 ****61	.25
Principal Place of Business 199 OCEANSIDE BOULEVARD INDIALANTIC, FL 32903		Mailing Address 19 E. CENTRAL BLVD. SECOND FLOOR ORLANDO, FL 32801				40101	803			
2. Principal P	flace of Business - No P.O. Box #	3. Mailing	Address							
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			04092008	Chg-NP	CR2E	37 (12/06)	
City & Stat	е	City & State				4. FEI Numbe 59-363			_ 	oplied For ot Applicable
Zip	Country	Zip		_Countr	y	5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	t Registered A	Agent			7. Name and	Address of New	Registered	Agent	
0				١	Name Com	imir meti.	Résource	Mar	71 1	-
	TRAL BLVD.			- 5	Street Address (P.O. Box Number is Not Acceptable)					
SECOND ORLANDO	FLOOR), FL 32801	-	• •		19 E. (Central	Blvd.			
					City		(1001	FI	Zip Cod	
8. The above	named entity submits this statement f	or the purpose	e of changing its re	aistered o		ered agent, or bot	h. in the State of F			and accept
	ions of registered agent.		gg	Ş						
0.00										
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicat	ble. (NOTE: R	legistered Ag	pent signature require	ed when reinstating)		DATE		
SIGNATURE		nt and title if applicat								
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	nt and title if applicat	9. Election Campa Trust Fund Cor	aign Fina	ıncing	\$5.00 May B Added to Fees	- (Make chec	ck payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campa	aign Fina	ıncing	\$5.00 May B Added to Fees	- (Make chec rida Depa	rtment of St	tate
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12. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP