


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90128 036 \*\*\*\*61.25

<b>DOCUMENT # N98000005906</b>					
1. Entity Name <b>SENIOR CENTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>105 S RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168</b>			Mailing Address <b>105 S RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04062006 Chg-NP CR2E037 (11/05) 4. FEI Number <b>59-3408251</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANDERSON, PATRICIA 220 HANDLEY DRIVE NEW SMYRNA BEACH, FL 32168</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete			
NAME	ANDERSON, PATRICIA				
STREET ADDRESS	220 HANDLEY DR				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	LONG, JOHN				
STREET ADDRESS	2051 PIONEER TRAIL #82				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BERGE, MITZIE				
STREET ADDRESS	127 HAZELWOOD DR				
CITY-ST-ZIP	EDGEWATER, FL 32141				
TITLE	T	<input type="checkbox"/> Delete			
NAME	JONES, LLOYD				
STREET ADDRESS	189 LAGARDENIA				
CITY-ST-ZIP	EDGEWATER, FL 32141				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MIDDLETON, BEVERLY				
STREET ADDRESS	449 BOUCHÈLE DR # 204				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169				
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DYER, HUBIE				
STREET ADDRESS	2A COUNTRY CLUB RD				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	McLAUGHLIN, BILL				
STREET ADDRESS	169 HAZELWOOD RIVER RD				
CITY-ST-ZIP	EDGEWATER, FL 32141				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Hubert A. Dyer</i>		HUBIE DYER		4-10-06 424-2186	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	