2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N98000005906



FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90128 036 ****61.25

Mailing Address 105 S RWENDE DRIVE 105 S RWEN	SENIOR CENTER ASSOCIATION, INC.									04-14-20	000 901	28 U3C) *****0]	1.23	
Surte, Apt. 4, etc. Cay & State	105 S RIVERSIDE DRIVE 105			105	5 S RIVERSIDE DRIVE				l Niderall Bil	: èis en n e a		i eriti ena	us qn r	1221 EN 1820	
City & State Ci	Principal Place of Business 3.			3. Mail	3. Mailing Address										
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional rice Requisional Proc Reputational Proc Reputational Proc Reputational Proc Reputational Proc Reputation Respective Agent Respective	Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				04062006 Chg-NP CR2E037 (11.							
8. Certificate Sinus Desired Proposed Pr	City & State		Cit	City & State			4.						· 		
ANDERSON, PATRICIA 220 HANDLEY DRIVE NEW SMYRNA BEACH, FL 32168 City City FL Zip Code Fl Addition	Zip				Zip Co		untry	5. Certificat		of Status Desired			Fee Required		
ANDERSON, PATRICIA 220 HANDLEY DRIVE NEW SMYRNA BEACH, FL 32168 City FL Zip Code	6. Name and Address of Current Register			ent Registere	· · · · · · · · · · · · · · · · · · ·			·	7. Name and Address of New Registered Agent						
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 furnillar with, and accept the obligations of registered agent with the purpose of changing its registered agent, or both, in the State of Florida. I am furnillar with, and accept the obligations of registered agent with the purpose of changing its registered agent, or both, in the State of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State. SIGNATURE Filing Fee is \$61.25 Due by Blay 1, 2006 9. Election Campaign Financing Trust Fund Controbution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME OUTY-SI-79 NEW SMYRNA BEACH, FL 32168 TITLE SIGNATURE SIGNATURE PARTICULAR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME SIGNATURE PARTICULAR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME SIGNATURE PARTICULAR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME SIGNATURE SIGNATURE PARTICULAR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME SIGNATURE SIGNATURE PARTICULAR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME SIGNATURE SIGNATUR	220 HANDLEY DRIVE														
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by Blay 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILL MADERSON, PATRICIA 20 HANDLEY DR NEW SMYRNA BEACH, FL 32168 TILL NOWS SIRET ADDRESS CITY-SI-79 Deide TILL MAKE SIRET ADDRESS SIRE							City	<u>-</u>				FL	Zip Cod	e	
Signature. Yound or printed warre of registered agent and the A socilitative. NOTE: Registered Agent signature required when translating) DATE	8. The above the obligation	e named entit tions of regis	y submits this statemen tered agent.	it for the purp	ose of changing its	registere	ed office or	registere	ed agent, or bot	th, in the State	of Florida.		l niliar with,	and accept	
Trus Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ANDERSON, PATRICIA MAKE STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ANDERSON, PATRICIA MAKE STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ANDERSON, PATRICIA MAKE STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ANDERSON, PATRICIA MAKE STREET ADDRESS 14. ADDR	CICNIATURE														
THE MAKE STREET ADDRESS CITY-ST-ZP CITY-ST-Z	SIGNATURE		for printed name of registered as	gent and the it app	sicable. (NOTE	E: Registere	d Agent signatu	ure required	when reinstating)			DATE			
ANDERSON, PATRICIA 20 HANDLEY DR NEW SMYRNA BEACH, FL 32168 TITLE LONG, JOHN STRET ADDRESS CITY-ST-7P NEW SMYRNA BEACH, FL 32168 TITLE NAME STRET ADDRESS CITY-ST-7P NEW SMYRNA BEACH, FL 32168 TITLE NAME STRET ADDRESS CITY-ST-7P NEW SMYRNA BEACH, FL 32168 TITLE NAME STRET ADDRESS CITY-ST-7P TITLE NAME JONES, LLOYD 189 LAGARDENIA EDGEWATER, FL 32141 TITLE NAME STRET ADDRESS CITY-ST-7P TITLE NAME STRET ADDRESS		Signature, types	e is \$61.25 day 1, 2006		9. Election Carr	npaign F	inancing		\$5.00 May B	e	Make	check p	-		
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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 attactment with an address, with all other like empowered.

SIGNATURE:

Lest 9-5-3-1 HUBIE DYEK 4-10-06 424-2186
Distriction Department of Depar