## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90433 037 \*\*\*\*61.25

PININGERTON, EARL SOCIAL PRICE Social Processions of Change in the Company of Change in the Comp	1. Entity Narr	LD COMMUNITY ASSOC		TOWN N				05-01-20	06 90433	037 ****6	1.25
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City & State  City & State  City & State  City & State  Country  City  FL  Ci	2. Principal P	Place of Business	3. Mailing	Address							
Second Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.				04182006 Chg-NP CR2E037 (11/05)				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named endry submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.  8. The above named endry submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligatio	City & Stat	te	City &	State		· <del>- · · · · · · · · · · · · · · · · · · </del>	4. FEI Numbe 59-345	2620		<u> </u>	• •
Name   Street Address (P.O. Box Number is Not Acceptable)	Zíp	Country	Zip		Country		5. Certificate	of Status Desir	ed 🗍		
Signary Applies Source Services (P.O. Box Number is Not Acceptable)    Signary Applies Services (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered A	gent			7. Name and	Address of No	w Register	ed Agent	
Size Address (P.O. Box Number is Not Acceptable)    Steel Address (P.O. Box Number is Not Acceptable)	PINKERT	ON FARI			Name						
B. 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    Signatum, Tyceo or press deared sport and use if approache.   (NOTE: Registered Agent souther registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   DATE	8908 RICH	HFIELD CT			Street A	ddress (f	P.O. Box Numbe	er is Not Accep	table)		
B. 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    Signature, Tycers or pread name of ring stereol agent and test of applicable.					City					- Zin Coo	-
SIGNATURE    Filing Fee is \$61.25   Due by May 1, 2006   Provided agent and tide if applicable. (NOTE: Registered Agent sonature required when renotating)   DATE	İ				City				F		De
Trust Fund Contribution.   Added to Fees   Florida Department of State	SIGNATURE										
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indicated on this report or supplied with inits liling does not qualify for the exemptions contained in Chapter 119, Horida 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:

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #