2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State

1. Entity Nam	ie	# MAAOOOOO	SSOCIATION, INC.		01-3	1-2005 90079 03	31 ****61	1.25	
Principal Plac 1994 MID O SARASOTA, F	CEAN CIR.	S	Mailing Address % Karen Malden 1994 Mid Ocean Cir. Sarasota, FL 34239						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162005 Chg-I	NP CR2E03	37 (10/03)			
City & State		City & State		4. FEI Number 65-0926930			plied For t Applicable		
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent	<u> </u>	7. Name and Address	s of New Registered A	Agent		
			· · · · · · · · · · · · · · · · · · ·	Name		<u> </u>		-	
MAIDEN, KAREN 1994 MID OCEAN CIR. SARASOTA, FL 34239				Street Address		(P.O. Box Number is Not Acceptable)			
O/II/IOO1	7,16 0-12	200							
				City	<u> </u>	- FL	_Zip.Code	•	
8. The above the obligat	named entit	y submits this statement for tered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in the		familiar with,	and accept	
SIGNATURE .			1						
	Signature, typed	or printed name of registered agent of	and title if applicable. (NOTE	: Registered Agent signature requ	ured when reinstating)	DATE			
Fiting Fee is \$61.25 Due by May 1, 2005									
				npaign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart			
10.			Trust Fund C		\$5.00 May Be Added to Fees	Fiorida Depart	tment of St	ate	
	Due by N	flay 1, 2005	Trust Fund C	Contribution.	Added to Fees	Fiorida Depart	tment of St	ate	
10.	Oue by N	OFFICERS AND DIF	Trust Fund C	ontribution. 11.	Added to Fees	Fiorida Depart	tment of St	ate 10	
10.	STD- CHADWK 4500 BEN	OFFICERS AND DIF	Trust Fund C	11.	Added to Fees	Fiorida Depart	tment of St	ate 10	
TITLE NAME STREET ADDRESS	Oue by M	OFFICERS AND DIF OFFICERS AND DIF OCK, JO IT TREE BLVD TA, FL 34241	Trust Fund C	11. TITLE NAME STREET ADDRESS	Added to Fees	Fiorida Depart	RECTORS IN Change	10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUE by MODEL OF THE PROPERTY O	OFFICERS AND DIF OFFICERS AND DIF OCK, JO IT TREE BLVD TA, FL 34241	Trust Fund C	11. TITLE NAME STREET ADDRESS CTIY-ST-ZIP	Added to Fees	Fiorida Depart	tment of St	ate 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OTB- CHADWK 4500 BEN SARASO DET T FERNANI	OFFICERS AND DIF ST D CK, JO IT TREE BLVD TA, FL 34241	Trust Fund C	11. TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE	Added to Fees	Fiorida Depart	RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CHADWA 4500 BEN SARASO DET T FERNANI 7303 WEI	OFFICERS AND DIF OFFICERS AND DIF OCK, JO IT TREE BLVD TA, FL 34241 OVP DEZ, TERESA	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Fiorida Depart	RECTORS IN Change	10 Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by M STD- CHADWK 4500 BEN SARASO DET T FERNANI 7303 WEI SARASO	OFFICERS AND DIF OFFICERS AND DIF ST O CK, JO CK, JO TA, FL 34241 OVP DEZ, TERESA EPING WILLOW DR TA, FL 34241	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Added to Fees	Fiorida Depart	RECTORS IN Change	10 Addition	
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TITLE MAME STREET ADDRESS CITY-ST-ZIP. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by Market Strategy of the Saraso Det Ternani 7303 Wei Saraso DP Bergma 4510 Ben	OFFICERS AND DIF ST D CK, JO IT TREE BLVD TA, FL 34241 DVP DEZ, TERESA EPING WILLOW DR TA, FL 34241	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Added to Fees	Fiorida Depart	trnent of St RECTORS IN Change	10 Addition	
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TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by Market State Stat	OFFICERS AND DIE ST D CK, JO IT TREE BLVD TA, FL 34241 OVP DEZ, TERESA EPING WILLOW DR TA, FL 34241 N, ART. GRANN IT TREE BLVD TA, FL 34241	Trust Fund C	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE	Added to Fees	Fiorida Depart	trinent of St RECTORS IN Change Change Change	Addition Addition Addition	
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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.

Beth Beynow

GNATURE:

Beth Beynow

SIGNATURE AND TYPED ON PROPED NAME OF BEARING OFFICER ON DIRECTOR