

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000090589

1. Entity Name
ACCESS ASSOCIATION MANAGEMENT, INC.



Principal Place of Business
477 CAPTAINS CIRCLE
DESTIN, FL 32541

Mailing Address
P.O. BOX 6580
MIRAMAR BEACH, FL 32550

DO NOT WRITE IN THIS SPACE

**FILED
Apr 04, 2007 8:00 am
Secretary of State**

04-04-2007 90176 007 ***150.00

40040040



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3745431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE D
NAME LUDINGTON, GEORGE
STREET ADDRESS 477 CAPTAINS CIRCLE
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Ludington 41107850-269-0032
Date _____
Daytime Phone # _____