## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 01, 2008 8:00 am Secretary of State

DOCUMENT # P38991  1. Entity Name NATIONAL RECREATION AND PARK ASSOCIATION, INC.							i.	07-01-200	08 900C	01 006	****61.2	25	
Principal Place of Business Mailing Address 22377 BELMONT RIDGE RD 22377 BELMONT RIDGE RD ASHBURN, VA 20148-4501 US ASHBURN, VA 20148-4501						IS			· i.e.				
Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04282008	Chg-NP	c	CR2E03	7 (12/06)		
City & State			City & State					4. FEI Numbe	3001				pplied For ot Applicable
Zip	Zip Country		Zip		Cou	ıntry		5. Certificate	tificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of	New Regi	stered A	gent	
NRAI SER						Name Street Ad	ddroon //	P.O. Box Numbe	or ic Not Acco	antoble)		<del></del>	
2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331					Olicel Au	Juless (i		31 13 1401 ACCE					
11201011,				City							FL	Zip Cod	ie
	named entity	submits this statement for	or the purpe	ose of changing its	s register	ed office or	register	ed agent, or bot	th, in the State	e of Florida	a. I am f	amiliar with	, and accept
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SIGNATURE													<del></del>
•	organization c, typica c	or printed name of registered agent	and title if app	licable. (NO1	E: Registere	d Agent signatur	re required	when reinstating)			DATE		
	Filing Fee	e Is \$61.25 ay 1, 2008	and title if app	9. Election Ca Trust Fund	mpaign f	inancing	re required	\$5.00 May B Added to Fees	le		e check	payable timent of S	
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12. I necety certify that the information supplied with this liling 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 truetee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-20-08 (703)848-07E