2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

## Feb 06, 2006 08:00 AM DOCUMENT # P97000048152 **Secretary of State** 1. Entity Name THE MEWS AT SLOAN HAMMOCK, INC. Principal Place of Business Mailing Address 102 SE 7TH AVENUE DELRAY BEACH FL 33483 106 SOUTHEAST 7TH AVENUE DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State Applied For City & State 65-0757548 Not Applicat Ζlρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SLOAN, DANIEL 106 S.E. 7TH AVE. Street Address (P.O. Box Number is Not Acceptable) **DELRAY BCH FL 33483** Zip Code 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 access the obligations of registered again. DATE a or provide name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when renstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD BILE ☐ Change □ ê∆r □ Delete SMAM SLOAN, DANIEL C NAME 000000421317 02/15/06-80031-014 150.00 STREET ADDRESS 106 SOUTHEAST 7TH AVENUE STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP DELRAY BEACH FL 33483 THE VSOT Delete HILE Change ☐ Adir 1 SLOAN, DONNAMARIE M MARAE MALAE STREET ADDRESS 106 SOUTHEAST 7TH AVENUE STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DELRAY BEACH FL 33483 33111 ☐ Defete MLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP TITLE Delete Change □ Acc TiTLE NAME STREE ( AULITESS STREET ADDRESS CITY-ST-ZIP CHTY-SI-ZIP ITTLE □ A. Delete THE Change NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-SY-ZIP RICE ☐ Delete BILE Change MARKE NAME STREET ADORESS STREET ADDRESS CITY-57-21P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direction the original reports 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 1 findinged, or on an attachment with an address, such all other like empowered.

SIGNATURE:

Donvel Slooms

**FILED**