

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90028 013 ****61.25

DOCUMENT # 760158		
1. Entity Name SUPER 8 CENTER ASSOCIATION, INC.		

Principal Place of Business 11312 GLEN OAKS COURT NORTH PALM BEACH, FL 33408	Mailing Address 11312 GLEN OAKS COURT NORTH PALM BEACH, FL 33408
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60013614

2. Principal Place of Business 8127 SE WOODLAKE LANE Suite, Apt. #, etc.	3. Mailing Address 40 NANCY NARAMORE 8127 SE WOODLAKE LANE Suite, Apt. #, etc.
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01172006 Chg-NP CR2E037 (11/05)

City & State HOBE SOUND FLORIDA	City & State HOBE SOUND FLORIDA
Zip 33455	Country USA

4. FEI Number 59-2129123	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAEFER, CONRAD W 4152 W BLUE HERON BLVD #128 RIVIERA BCH., FL 33404	
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7. Name and Address of New Registered Agent Name NANCY NARAMORE Street Address (P.O. Box Number is Not Acceptable) 8127 SE WOODLAKE LANE City HOBE SOUND FL Zip Code 33455	
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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 *Nancy Naramore* DATE 2/11/06
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, CONRAD W 4152 W. BLUE HERON BLVD. RIVIERA BCH., FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEFER, GRETCHEN L 4152 W. BLUE HERON BLVD. RIVIERA BCH., FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAGAN, GREGORY J. 4152 W. BLUE HERON BLVD. RIVIERA BCH., FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 40 NANCY NARAMORE 8127 SE WOODLAKE LANE HOBE SOUND FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 40 NANCY NARAMORE 8127 SE WOODLAKE LANE HOBE SOUND FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 5/T NANCY NARAMORE 8127 SE WOODLAKE LANE HOBE SOUND FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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]* DATE 2/11/06 DAYTIME PHONE # 772-288-3406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR