

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90043 017 ****61.25

DOCUMENT # 760158

1. Entity Name
SUPER 8 CENTER ASSOCIATION, INC.



Principal Place of Business
**8127 SE WOODLAKE LANE
HOBE SOUND, FL 33455**

Mailing Address
**8127 SE WOODLAKE LANE
HOBE SOUND, FL 33455**

40000710



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2129123

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARAMORE, NANCY
8127 SE WOODLAKE LANE
HOBE SOUND, FL 33455**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARAMORE, NANCY C/O 8127 SE WOODLAKE LANE HOBE SOUND, FL 33455	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NARAMORE, NANCY 8127 SE WOODLAKE LANE HOBE SOUND, FL 33455	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T NARAMORE, NANCY 8127 SE WOODLAKE LANE HOBE SOUND, FL 33455	☐ 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	PRESIDENT/DIRECTOR CONRAD W. SCHAEFER 11459 OLD HARBOUR ROAD NORTH PALM BEACH FL 33408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR GRETCHEN L. SCHAEFER 11459 OLD HARBOUR ROAD NORTH PALM BEACH FL 33408	☐ Change ☒ Addition
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
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:

Nancy Naramore **NANCY NARAMORE** 1/8/07

Date

561-626-5212

Daytime Phone #