

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

APPROVED Jan 20, 2005 08:00 AM

DATE Secretary of State

CK. NO FF 00004

ACCT. NO 9085

AMOUNT 61.25

BLDG San Sebastian



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0620261 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MNGT
1215 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONNELLY, MICHAEL
STREET ADDRESS	5300 WEST ATLANTIC AVENUE #300
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	VTD
NAME	PEASE, JOSEPH
STREET ADDRESS	5300 WEST ATLANTIC AVENUE #300
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD
NAME	ALEXANDER, JEFFREY
STREET ADDRESS	5300 WEST ATLANTIC AVENUE #300
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80044-020 61.25

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 1-17-05 561-638-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #