


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90176 003 ****61.25

DOCUMENT # N04000000297			
1. Entity Name FRIENDS OF THE PARK AT STRANAHAN HOUSE, INC.			
Principal Place of Business 335 SE SIXTH AVE FT LAUDERDALE, FL 33301		Mailing Address 335 SE SIXTH AVE FT LAUDERDALE, FL 33301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI, INC. 200 E BROWARD BLVD STE 2000(SKT) FT LAUDERDALE, FL 33301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCOTT STRAWBRIDGE 2031 C WILTON MANORS DR. WILTON MANORS, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY DIXON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3317 WATER OAK Dr. Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JANE LEGETTE 3728 N.E. 19th St. FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOYCE REYNOLDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1636 N.E. 19 ST. FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KEN ORTNER 1121 E. Broward Blvd. FT. LAUDERDALE, FL. 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN RUDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 335 S. E. 6 Ave. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL GALLO <input type="checkbox"/> Delete 1311 Newport Center Dr. W. Deerfield Beach, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRIS MADSEN <input type="checkbox"/> Delete 5203 N.W. 33 Ave. Ft. LAUDERDALE, FL. 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CINDY BUCKLEY <input type="checkbox"/> Delete 126 N.E. 17 Ave. FT. LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Scott Strawbridge</u>		4-29-05 954-524-4736	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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02212005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0661127 Applied For Not Applicable

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