

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90072 023 ****61.25

20003154



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0388535

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

SUNVAST MANAGEMENT SERVICES, INC.
381 INTERSTATE BLVD.
SARASOTA, FL 34240

**DO NOT WRITE
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

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CODDINGTON, JANE
821 WATERSIDE DR., #102
VENICE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GARD, MILLIE
606 BIRD BAY DR. S
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SENTIFF, EUGENE
606 BIRD BAY DR S
VENICE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WAGMAN, JAN ET
831 WATERSIDE DR., #106
VENICE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EHRHARDT, FRANK
606 BIRD BAY DR. S
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07
Date

941-484-0859
Daytime Phone #