

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001983		
1. Entity Name 44TH STREET COMMUNITY, INC.		

Principal Place of Business 1830 COMMERCE AVENUE VERO BEACH FL 32960	Mailing Address 1830 COMMERCE AVENUE VERO BEACH FL 32960
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
4. FCI Number 59-3182226	Applied For ☐ Not Applied

5. Name and Address of Current Registered Agent SCHLITT, RICHARD 1830 COMMERC AVENUE VERO BEACH FL 32960
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7. Name and Address of New Registered Agent	
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 reappointing)	DATE
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FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SCHLITT, RICHARD	NAME	
STREET ADDRESS	1830 COMMERCE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	CITY-ST-ZIP	000000490551 04/18/06-80062-001 61.25
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SCHLITT, KATHY	NAME	
STREET ADDRESS	4340 62ND TERRACE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WILLIAMS, ERIC	NAME	
STREET ADDRESS	4320 62ND TERRACE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME	DION, ROGER	NAME	
STREET ADDRESS	4360 62ND TERR	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.