2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90017 022 ****61.25

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Entity Name
45TH STREET COMMUNITY, INC.

Principal Place of Business	Mailing Address
1830 COMMERCE AVENUE VERO BEACH, FL 32960	1830 COMMERCE AVENUE VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3182226

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLITT, RICHARD
1830 COMMERCE AVENUE
VERO BEACH, FL 32960

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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, if applicable, the office address of registered agent — 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	D
NAME	SCHLITT, RICHARD
STREET ADDRESS	1830 COMMERCE AVENUE
CITY ST ZIP	VERO BEACH, FL 32960
TITLE	~~D~~ S
NAME	SCHLITT, KATHY
STREET ADDRESS	4340 62ND TERRACE
CITY ST ZIP	VERO BEACH, FL 32967
TITLE	DRM
NAME	WILLIAMS, ERIC
STREET ADDRESS	4320 62ND TERRACE
CITY ST ZIP	VERO BEACH, FL 32967
TITLE	Vice Pres
NAME	DION, ROGER
STREET ADDRESS	4360 62ND TERR
CITY ST ZIP	VERO BEACH, FL 32967
TITLE	DIR
NAME	Michael Svolgraus
STREET ADDRESS	4380 62nd Terrace
CITY ST ZIP	VB 32967
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 a similar like empowered.

SIGNATURE: _____ 2-20-2007 772-562-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number