# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2008 8:00 am**
**Secretary of State**
01-15-2008 90033 020 ****61.25

DOCUMENT # N93000001983

1. Entity Name
44TH STREET COMMUNITY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1830 COMMERCE AVENUE<br>VERO BEACH, FL 32960 | 1830 COMMERCE AVENUE<br>VERO BEACH, FL 32960 |

DO NOT WRITE IN THIS SPACE

01032008 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 COMMERC 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 _____ 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, 2008**

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 | Pres |
| NAME | WILLIAMS, ERIC |
| STREET ADDRESS | 4320 62ND TERRACE |
| CITY-ST-ZIP | VERO BEACH, FL 32967 |
| TITLE | D |
| NAME | SNOTGRASS, MICHAEL |
| STREET ADDRESS | 4380 62ND TERR |
| CITY-ST-ZIP | VERO BEACH, FL 32967 |
| TITLE | D |
| NAME | Rodger Dion |
| STREET ADDRESS | 4360 62nd Terrace |
| CITY-ST-ZIP | Vero Beach FL 32967 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 all other like empowered.

**SIGNATURE:** _____ 1-03-2008 772 562-2856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #