

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 PM 4:08

DOCUMENT # P06000155402

1. Entity Name  
ESPERANZA SPECIAL MEMBER, INC.



Principal Place of Business  
1818 S AUSTRALIAN AVENUE  
SUITE 410  
WEST PALM BEACH, FL 33409

Mailing Address  
1818 S AUSTRALIAN AVENUE  
SUITE 410  
WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #  
1860 FOREST HILL BLVD  
Suite, Apt. #, etc.  
SUITE 202

3. Mailing Address  
1860 FOREST HILL BLVD  
Suite, Apt. #, etc.  
SUITE 202

City & State  
WEST PALM BEACH, FL

City & State  
WEST PALM BEACH, FL

Zip  
33406

Country  
US

Zip  
33406

Country  
US



01292008 Chg-P CR2E034 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

STANTON, ROGER C  
712 US HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH, FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D KLIGLER  
1818 S AUSTRALIAN AVENUE, SUITE 410  
CITY-ST-ZIP  
WEST PALM BEACH, FL 33409

☐ Delete

TITLE  
NAME  
D MULLEN, ARNOLD  
3801 PGA BLVD #910  
CITY-ST-ZIP  
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE  
NAME  
D KAMPHUIS, MARIE  
%2430-B EAST COMMERCIAL BLVD  
CITY-ST-ZIP  
FT LAUDERDALE, FL 33308

☐ Delete

TITLE  
NAME  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
1860 FOREST HILL BLVD SUITE 202  
CITY-ST-ZIP  
WEST PALM BEACH, FL 33406

☒ Change ☐ Addition

TITLE  
NAME  
200128788392  
CITY-ST-ZIP  
05/08/08--01006--005 \*\*288.75

☐ Change ☐ Addition

TITLE  
NAME  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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

Date

Daytime Phone #

4/18/08

561-687-3600

4/23/08