

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90128 024 ****61.25

40081277



04062005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0701508** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELLES, ROBERT E
C/O SCHOO MANAGEMENT INC.
9411-2 CYPRESS LAKE DRIVE
FT. MYERS, FL 33913

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPURLOCK, ROBERT	
STREET ADDRESS	20721 COUNTRY CREEK DR #1425	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLUKE, WILLIAM	
STREET ADDRESS	20781 COUNTRY CREEK DR #1624	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAJGRT, JERRY	
STREET ADDRESS	20751 COUNTRY CREEK DRIVE #1522	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLAHAN, KATHLEEN	
STREET ADDRESS	20721 COUNTRY CK DR #1415	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, JUDY	
STREET ADDRESS	20721 COUNTRY CREEK DR., #1416	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an officer, like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Robert Spurlock **Robert Spurlock** 4-25-05 481-4700 (239)