

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90365 034 \*\*\*\*61.25

40004031



02132007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1881527 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

HOFMANN, ROBERTA B  
66 KINGWOOD D  
WEST PALM BEACH, FL 33417

## 7. Name and Address of New Registered Agent

Name PRUITTS PROPERTY MANAGEMENT  
Street Address (P.O. Box Number is Not Acceptable)  
2575 HOMERWOOD RD  
City WEST PALM Bch FL Zip Code 33406

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 DONELL PRUITT DATE 2-20-07  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2007

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

TITLE TR  
NAME CODA, SEYMOUR  
STREET ADDRESS 64 KINGWOOD DRIVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Delete

TITLE P  
NAME HOFMANN, ROBERTA B  
STREET ADDRESS 66 KINGWOOD D  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Delete

TITLE VP  
NAME CODA, BELLE  
STREET ADDRESS 69 KINGWOOD D  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Delete

TITLE S  
NAME GULIZIA, SEBASTIAN  
STREET ADDRESS 77 KINGWOOD D  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 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: Roberta Brecher Hofmann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/09  
561-687-3746 Daytime Phone #