

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90040 016 ****61.25

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02142007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0085314** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

WEBB, ROBIN L
901 N. LAKE DESTINY DRIVE STE 110
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, LINDA	
STREET ADDRESS	7403 SOMERSET SHORES COURT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICCI, JOE	
STREET ADDRESS	7463 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEINMETZ, DEBORAH	
STREET ADDRESS	7523 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NOLAN, BARBARA	
STREET ADDRESS	7433 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAGERTY, LINDA	
STREET ADDRESS	7403 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #