

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90053 010 ****61.25

90053120



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2379022 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DICKER, EDWARD
1818 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33409

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	SINAGRA, PHILIP	
STREET ADDRESS	7185 GOLF COLONY CT #206	
CITY-ST-ZIP	LK. WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, MARILYN	
STREET ADDRESS	7238 GOLF COLONY CT. 102	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORST, DOROTHY	
STREET ADDRESS	7214 GOLF COLONY CT UNIT 206	
CITY-ST-ZIP	LK. WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARBARS, FREDERICK	
STREET ADDRESS	4542 LUCERNE LAKES BLVD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	CARILLI, ANTHONY	
STREET ADDRESS	4542 LUCERNE LAKES BLVD. 203	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HARLEY SR	
STREET ADDRESS	7091 GOLF COLONY CT UNIT 201	
CITY-ST-ZIP	LAKE WORTH, FLORIDA 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD ARRES	
STREET ADDRESS	7166 GOLF COLONY CT #103	
CITY-ST-ZIP	LAKE WORTH, FLORIDA 33467	
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: Philip Sinagra 2/25/08 845-338-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #