

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90230 030 ***150.00

DOCUMENT # 236266					
1. Entity Name NATIONAL PLANNED COMMUNITIES, INC.					
Principal Place of Business 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009 US			Mailing Address 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6073343	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NESTOR, BRENDA 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VCAT NAME COLVIN, MELVIN R STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 300 CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE Vice Chairman/ExVP/AT/AS NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVPS NAME LAUNER, BLANCHE S STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 300 CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE Director/VP/S/T NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFAT NAME MCGANN, EDWARD T STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 300 CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CPAT NAME NESTOR, BRENDA STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 300 CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE Chairman/Pres/CEO/AT/AS NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Blanche Launer 4/25/07 954-458-4343		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		