

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUL 29 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06122008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2041968 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDMAN, STANLEY B DR
7800 NORTH OAKLAND PARK BLVD
SUITE 102
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name Cynthia G. Whittle
Street Address (P.O. Box Number is Not Acceptable)
c/o Integrity Property Management
953 University Drive
City Coral Springs FL Zip Code 33071

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

Cynthia G. Whittle
Signature, type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/08
DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SEIDMAN, STANLEY B	
STREET ADDRESS	7800 W OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEMPFLING, FRANK	
STREET ADDRESS	7800 W OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	DI CAPUA, LUCIE	
STREET ADDRESS	7800 W OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100133870961	
CITY-ST-ZIP	08/01/08--01047--015 **61.25	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN SOTO	
STREET ADDRESS	7800 W OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE, FL 33351	
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 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:

D. F. O. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-18-08

Date

Daytime Phone #

KS