

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 014 ****61.25

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04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7247524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

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
NAME GUDMUNDSSON, EYJOLFUR
STREET ADDRESS 9086 ALEXANDRA CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33414 ☒ Delete

TITLE VPD
NAME LINCOLN, SANDRA E
STREET ADDRESS 1320 12TH AVE S 3
CITY-ST-ZIP LAKE WORTH, FL 33460 ☒ Delete

TITLE SD
NAME JAGESSAR, CANDACE
STREET ADDRESS 1596 SW 106TH AVE
CITY-ST-ZIP HOLLYWOOD, FL 33025 ☐ Delete

TITLE TD
NAME BROWN, JOHN
STREET ADDRESS 6346-6 S HANTANA RD
CITY-ST-ZIP LAKE WORTH, FL 33465 ☐ Delete

TITLE D
NAME KERR, ROBERT
STREET ADDRESS 1200 MARIPOSA AVE D 202
CITY-ST-ZIP MIAMI, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LINCOLN, SANDRA E.
STREET ADDRESS 1320 12TH AVE. So. #3
CITY-ST-ZIP LAKE WORTH, FL 33460 ☒ Change ☐ Addition

TITLE VD
NAME HALICEK, FRANK
STREET ADDRESS P.O. BOX 2422
CITY-ST-ZIP SEACAUCEUS, NJ 07096 ☐ Change ☒ Addition

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

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: Sandra Lincoln, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

Daytime Phone #