

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90252 036 ****61.25

14009415



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1286936

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

~~JOHNSON, DENNIS L CAM~~
~~2216 IBIS ISLE RD~~
~~PALM BEACH, FL 33480~~

C.A.M.
314 NE 3rd ST
PO BOX 1000, Palm Beach, FL 33435

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: *Marlene Sawyer Property Manager* *4/20/05*
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, 2005**

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

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE	PD
NAME	KOGON, BEVERLEE
STREET ADDRESS	2190 IBIS ISLE RD UNIT #3
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VTD
NAME	CONRAD, MARK
STREET ADDRESS	2190 IBIS ISLE RD UNIT #2
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	SD
NAME	MARINO, CHRISTINA <i>Delete</i>
STREET ADDRESS	2190 IBIS ISLE RD UNIT #1
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	<i>SD</i>
NAME	<i>Suzanne Millard</i> <i>(change) addition</i>
STREET ADDRESS	<i>2190 Ibis Isle Rd., unit #4</i>
CITY-ST-ZIP	<i>Palm Beach, FL 33480</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Beverlee Kogon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 *561-585-9220*
Date Daytime Phone #