

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90037 012 \*\*\*\*61.25

**DOCUMENT # 714217**

1. Entity Name

COLLEGE ARMS TOWERS, INC.



Principal Place of Business

101 N. AMELIA AVE.  
DELAND FL 32724

Mailing Address

101 N. AMELIA AVE.  
DELAND FL 32724



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

23-7025116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, CARL  
101 N. AMELIA AVE.  
DELAND FL 32724

Name

George S. Smith III

Street Address (P.O. Box Number is Not Acceptable)

133 East Indiana Ave

City

DeLand

FL

Zip Code

32724

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]*

Signature, by state printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4-29-08

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME HOLLER, MARTHA  
STREET ADDRESS 2121 HONTOON RD  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GILREATH, MORGAN  
STREET ADDRESS 821 WESTCHESTER DR  
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME WARD, CARL O  
STREET ADDRESS 2910 DIXIE HWY  
CITY-ST-ZIP CRESTVIEW HILLS KY 41-0170

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SANDERS, KATHY  
STREET ADDRESS 301 W PLYMOUTH AVE  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 340 Washington Oaks Drive  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CUSACK, JAMES  
STREET ADDRESS 797 S STONE ST  
CITY-ST-ZIP DELAND FL

TITLE ☐ Change ☒ Addition  
NAME D Mary Ellen Early  
STREET ADDRESS 2303 Pin Oak Drive  
CITY-ST-ZIP DeLand, FL 32720

TITLE DP ☐ Delete  
NAME SMITH, III, GEORGE S  
STREET ADDRESS 133 E INDIANA AVENUE  
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ Change ☐ 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 Section 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:

*[Signature]*

4-29-08