

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90028 033 ****61.25

60018692



01312006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1688156
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIDGET, BONICA
9130 COTSWALD WAY
NEW PORT RICHEY, FL 34655-1324

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, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	P BRIDGET, BONICA 9130 COTSWALD WAY NEW PORT RICHEY, FL 346551324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALVATORWE, ROMEO 3836 LIGHTHOUSE WAY NEW PORT RICHEY, FL 346526826	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSO, CHARLES 8506 VILLANO MILL ROAD BAYONET POINT, FL 346672661	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS D'AMICO, ROBERT 10921 SANDTRAP DRIVE PORT RICHEY, FL 346682423	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONCETTO, LINDA 7529 BERGAMOT DRIVE PORT RICHEY, FL 346683204	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VASTANO, RALPH 14436 PIMBERTON DRIVE HUDSON, FL 346678017	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP. Salvatore Roneo 3836 Lighthouse Way New Port Richey, FL 34652-6826	☐ Addition
Trea. Charles Russo 8506 Village Mill Road Bayonet Point, FL 34667-2661	☐ Addition
SANDTRAP	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06 727-862-2183

Date

Daytime Phone #