2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #724132

FILED Aug 08, 2007 8:00 am Secretary of State 08-08-2007 90067 043 ****61.25

2649 N.W. 47TH LANE LAUDERDALE LAKES, FL 33313 2. Principal Piece of Dusiness - No PO Box # 3. Valling Address S Suite, Apt. 4, etc.	1. Entity Name THE COLONIES TWO, INC.												
Subs. Act it. etc. Suite, Apil it. etc.	2649 N.W. 47TH LANE 2649 N.W. 47TH LANE						3						TYIJAL DI FEBI
City 5 State Country S.	2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Maili	ing Address	•							
Special Country Special Co	Suite, Apt.	#, etc.		Sui	te, Apt. #, etc.				07312007	Chg-NP	CR2E	037 (12/06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 lamillar with, and accord 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 lamillar with, and accord the objective of 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 lamillar with, and accord in he objective of the appealant required agent agent and the registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accord in he objective of the according to the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accord in he objective of the appealant required agent agent and the registered office or registered agent, or both, in the State of Florida. I am lamillar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida Department of State Filling Fee is \$61.25 True In Confronting In a Application of Florida Department of State Filling Fee is \$61.25 True In Confronting In application of Florida Department of State Filling Fee is \$61.25 True In Confronting In application of Florida Department of State Filling Fee is \$61.25 True In Confronting In application of Florida Department of State Filling Fee is \$61.25 True In Confronting In application of Florida State of True of Confronting In application of True according to the score of True of Confronting In application of the score of Interesting In application of True according to Interesting In application of True according In an according to Interesting In application	City & State	e	City & State			•	-)94	-			
SCHOTTENFELD, DAVID ESQ 7520 NW 5TH ST STE 203 PLANTATION, FL 33317 City City FL Zip Code 8. The above named entry submits this servement 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. SICNATURE X Called Sm. XX Filling Fee Is SG1.25 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Controllation. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 OFFICENS AND DIRECTORS IN 11 NAME PRETIDENS: STRESS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 11 ITILE VP ADDITIONS/CHANGES TO OFFICENS NI 10 OFFICENS AND DIRECTORS IN 10 OFFICENS	Zip	Zip Country			Zip Cou			5. Certificate of Status Desire					
SCHOTTENFELD, DAVID ESQ 7520 N W 5TH ST STE 203 PLANTATION, FL 33317 City FL Zig Code 8. The above named entally submiss 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 XCERLEW SML SIGNATURE XCERLEW SML Filling Foo Is \$61.25 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Controllation. \$5.00 May 8e Added to Foos Florida Department of State Filling Foo Is \$61.25 Due by September 14, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME SIRET LONGESS 2775 NW 4771H LANE OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS 2000 NW 477TH LANE OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS 2000 NW 477TH LANE OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS 2000 NW 477TH LANE OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS 2000 NW 477TH LANE OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE PATHER, CATHERINE SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NAME SIRET LONGESS OTH-SI-2P LAUDERDALE LAKES, FL 33313 THE NA		6. Name	and Address of Current I	Registere	d Agent		NI		7. Name and A	ddress of New	Registered	d Agent	
City FL Zip Code	7520 N W 5TH ST						Mark to the second seco						
B. 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 XERRED STATE Signature XERRED OF The Set 1.25 Due by September 14, 2007 Filling Fee Is \$61.25 Due by September 14, 2007 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. THE MAKE SIRET ADDRESS TITLE VP Delite ITTLE VP Delite ITTLE SIRET ADDRESS Addition NAME PATHIER, CATHERINE SIRET ADDRESS 200 NW 47TH LANE OITY-SI-7P LAUDERDALE LAKES, FL 33313 Delite TITLE NAME ATKINSON, THIDINE SIRET ADDRESS 2014 AUGUSTON, THIDINE SIRET ADDRESS CITY-SI-7P LAUDERDALE LAKES, FL 33313 Delite TITLE SIRET ADDRESS CITY-SI-7P SIRET ADDRESS CITY-SI-7P CATHER AGENCY Addition NAME SIRET ADDRESS CITY-SI-7P THE SIRET ADDRESS CITY-SI-7P THE SIRET ADDRESS CITY-SI-7P THE NAME SIRET ADDRESS CITY		ON, FL 3	3317							.			
THE ODIGRATURE AND PROCESS OF STATE ADDRESS 2019-S1-2P LAUDERDALE LAKES, FL 33313 Delete STREET ADDRESS 266 NW 47TH LANE CON'S1-2P LAUDERDALE LAKES, FL 33313 Delete STREET ADDRESS 266 NW 47TH LANE CON'S1-2P LAUDERDALE LAKES, FL 33313 Delete STREET ADDRESS 266 NW 47TH LANE CON'S1-2P LAUDERDALE LAKES, FL 33313 Delete STREET ADDRESS 260 NS-1-2P LAUDERDALE LAKES, FL 33313 Delete STREET ADDRESS 260 N							, ,					L "	
SIGNATURE X Keckers Smith Signature, toped or private dame of registered agent and title 4 association PRIVATE PRESENTANCES FILING Fee Is \$61.25 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INE NAME KERLEW, SMITH SIREET ADDRESS 2775 NW 47TH LANE LOUDERDALE LAKES, FL 33313 INTE VP ADUDERDALE LAKES, FL 33313 INTE VP ATHIER, CATHERINE SIREET ADDRESS CITY-S1-2P LAUDERDALE LAKES, FL 33313 INTE ATKINSON, THIDINE SIREET ADDRESS CITY-S1-2P LAUDERDALE LAKES, FL 33313 INTE SIREET ADDRESS CITY-S1-2P LAUDERDALE LAKES, FL 33313 INTE SIREET ADDRESS CITY-S1-2P CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P CITY-S1-2P CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P CITY-S1-2P CITY-S1-2P CITY-S1-2P CITY-S1-2P INTE SIREET ADDRESS CITY-S1-2P	8. The above	named entit	y submits this statement for	r the purpo	ose of changing its	register	ed office o	r registe	ed agent, or both,	in the State of F	lorida. I ar	n familiar with	, and accept
Filing Foo is \$61.25 Due by September 14, 2007 Trust Fund Contribution.		x Ker	Hew Sr	n. t	4								
Due by September 14, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE REFLEW, SMITH STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND THE ADDITIONS TO OFFICERS AND DIRECTORS TO OFFICERS AND THE ADDITIONS TO OFFICERS A	··-	Signature, typed	for printed name of registered agent a	and title if app	acable (NOTE	Registere	d Agent signa	ture required	t when reinstating)		DATE		
ITILE NAME NAME NAME NAME NAME NAME NAME NAM	T 05 046								Added to Fees Florida Department of State				
NAME SITERET ADDRESS CITY-ST-2P LAUDERDALE LAKES, FL 33313 TITLE VP NAME SITERET ADDRESS CITY-ST-2P Addition NAME SITERET ADDRESS CITY-ST-2P ADDRESS	10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AND I		
STREET ADDRESS CITY-ST-2P LAUDERDALE LAKES, FL 33313 ITILE VP PATHIER, CATHERINE STREET ADDRESS CITY-ST-2P CONN-ST-2P CONN-ST-2P LAUDERDALE LAKES, FL 33313 ITILE VP PATHIER, CATHERINE STREET ADDRESS CITY-ST-2P CONN-ST-2P CONN-ST-	TITLE	l '	SMITH		☐ Delete			T-	D	, -10 <i>-0</i> -		∐ Change	∑ Addition
INTEL VP NAME PATHIER, CATHERINE SIREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 Delete NAME ATKINSON, THIDINE SIREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME PHILLIPS, JOAN SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP Delete Change Addition NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Change Ch								271	1 n.w. 47	+ Lane	2		
NAME PATHIER, CATHERINE SIREET ADDRESS 2600 NW 47TH LANE CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 TITLE T Delete NAME ATKINSON, THIDINE SIREET ADDRESS CITY-ST-ZIP TITLE S DELETE ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET	CITY-ST-ZIP	.	DALE LAKES, FL 3331	3	_ <u></u>	-		1-a	<u>anderache</u>	LKST	<i>13</i> 33		7
CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP AUDERDALE LAKES, FL 33313 CITY-ST-ZIP AUDERDALE LAKES, FL 33313 CITY-ST-ZIP ATKINSON, THIDINE STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP AUDERDALE LAKES, FL 33313 CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TI			CATHERINE		Delete			Die	ector	100	-~/1	∐ Change	DA Addition
TITLE ATKINSON, THIDINE STREET ADDRESS 2646 NW 47TH LANE CITY-ST-2IP LAUDERDALE LAKES, FL 33313 TITLE S NAME PHILLIPS, JOAN STREET ADDRESS CITY-ST-2IP LAUDERDALE LAKES, FL 33313 CITY-ST-2IP TITLE S NAME PHILLIPS, JOAN STREET ADDRESS CITY-ST-2IP LAUDERDALE LAKES, FL 33313 CITY-ST-2IP TITLE S STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST		I				9		57	nestine	17th) a	2		
ATKINSON, THIDINE STREET ADDRESS 2646 NW 47TH LANE LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP NAME PHILLIPS, JOAN STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP CITY-	CITY-ST-ZIP		DALE LAKES, FL 3331	3		CITY	-ST-ZIP			date,	1551	<u> </u>	31 <u>3</u>
SIREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP CHANGE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I heroby 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.	TITLE	1 '	N THIDINE		☐ Delete							☐ Change	Addition
ITILE NAME PHILLIPS, JOAN 2608 NW 47TH LANE CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.	STREET ADDRESS	1						An	gela Si	mith			
NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TO belete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS	CITY-ST-ZIP	LAUDERI	DALE LAKES, FL 3331	3		CITY	'-ST-ZIP	264	74 11.W4	7th Lai	<u>10 L</u>	auden	dale, Lks
STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP TITLE NAME STREET ADDRESS C		1	· IOAN		Delete							☐ Change	Addition
ITILE 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 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	STREET ADDRESS	1											
NAME STREET ADDRESS CITY-ST-ZIP ITILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITILE 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 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.	CITY-ST-ZIP	1		3		CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 1. 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.					☐ Delete	1						☐ Change	Addition
INTLE 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 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.													
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 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.	CITY-ST-ZIP					CIT	-ST-ZIP						
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 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.					Delete							☐ 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.		1											
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it aim an ollicer 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.	CITY-ST-ZIP												
SIGNATURE: X Keklew Smill	indicated of the cor	d on this repo reporation or t	ort or supplemental report is the receiver or trustee emp	s true and owered to	accurate and that report	ny signa as requ	thire chall	nave the	same legal ettect :	as ir made unde	er nain' inai	i am an oilice	er or director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Proce #													