

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 016 ****61.25

40001230



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1521503

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

ROGEL, DAVID
BECKER & POLIKOFF
121 ALHAMBRA PLAZA SUITE 1000
MIAMI, FL 33134

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	P	<input type="checkbox"/> Delete
NAME	RICHARDS, GEORGE L	
STREET ADDRESS	16710 SW 52 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEIHL, ALFRED	
STREET ADDRESS	96000 OVERSEAS HIGHWAY X-31	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MULLEN, JACK	
STREET ADDRESS	96000 OVERSEAS HW W-34	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALBER, GLENN	
STREET ADDRESS	995 N.W. 6 STREET	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEADOWS, BILLY	
STREET ADDRESS	96000 OVERSEAS HIGHWAY R -S	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLADWIN, PETER	
STREET ADDRESS	96000 OVERSEAS HWY. H-2	
CITY-ST-ZIP	KEY LARGO, FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynne M. Marshall	
STREET ADDRESS	96000 Overseas Hwy W-31	
CITY-ST-ZIP	Key Largo, Florida 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Kufz	
STREET ADDRESS	3592 Hemlock Way	
CITY-ST-ZIP	Ocala, Florida 89509	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Besgen	
STREET ADDRESS	59 Pepper Lane	
CITY-ST-ZIP	New Canaan, CT 06840	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Lynne M. Marshall

Lynne M. Marshall, President 305-852-3248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/07

Daytime Phone #