

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90041 046 ****61.25

40014205



01232008 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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARSHALL, LYNNE M	
STREET ADDRESS	96000 OVERSEAS HWY W-31	
CITY-ST-ZIP	KEY LARGO, FL 33037	
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	KUTZ, FRANK	
STREET ADDRESS	3592 HEMLOCK WAY	
CITY-ST-ZIP	OCALA, FL 89509	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD
STREET ADDRESS	Kurz, Frank
CITY-ST-ZIP	3592 Hemlock Way Ocala, FL 89509
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD
STREET ADDRESS	Besgen, William
CITY-ST-ZIP	59 Pepper Lane New Canaan, CT 06840
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Baldatti, Mario
CITY-ST-ZIP	96000 Overseas Hwy W-5 Key Largo, FL 33037
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: *Alfred Wehl* **Alfred Wehl, Vice President 01/24/08 305-852-3248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #