

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 038 ****61.25

40029987



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1507850

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

CORNETT, JANE L.
WACKEEN, CORNETT & GOOGE, PA
401 E OSCEOLA ST
STUART, FL 34994

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 VD ☐ Delete
NAME CAHILL, ROBERT
STREET ADDRESS 3792 N.E. OCEAN BLVD.
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE TD ☐ Delete
NAME HARTMAN, JOSEPH A
STREET ADDRESS 3792 NE OCEAN BLVD
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE D ☒ Delete
NAME NOONE, LAWRENCE J
STREET ADDRESS 3792 NE OCEAN BLVD
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE SD ☐ Delete
NAME SMITH, ROBERT D
STREET ADDRESS 3792 NE OCEAN BLVD
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE PD ☐ Delete
NAME TRABUE, KENNETH
STREET ADDRESS 3792 NE OCEAN BLVD
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D ☐ Change ☒ Addition
NAME HARDIN WHITE
STREET ADDRESS 3792 NE OCEAN BLVD.
CITY-ST-ZIP JENSEN BEACH, FL. 34957

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

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

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 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 Rosato ASST SECY / MANAGER

2/13/08

772 225 6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #