

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 035 ****61.25

40081140



04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1581333

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAMSEL, CHARLES H., JR.
415 FIFTH STREET
WEST PALM BEACH, FL 33402

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	PD	<input type="checkbox"/> Delete
NAME	ORTMAN, ALLAN W	
STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLSEN, MARCA V	
STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	W. PALM BCH, FL 33401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCDERMOTT, LINDA M	
STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MARK	
STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	W. PALM BCH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, GUILLERMO V	
STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, BRETT	
STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANEY, PATRICK T.	
STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, DANIEL P.	
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	MYERS, Kim C.	
STREET ADDRESS		
CITY-ST-ZIP		
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 *Linda M. McDermott* *Linda M. McDermott* *4-09-08* *561-822-1936*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone