## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 24, 2008 8:00 am DOCUMENT # 733066 **Secretary of State** 03-24-2008 90042 029 \*\*\*\*61.25 ZEPHYR ESTATES EAST, INC. Mailing Address Principal Place of Business 4801 AIRPORT RD ZEPHYRHILLS FL 33542 4801 AIRPORT RD ZEPHYRHILLS FL 33542 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1901703 Not Applicable Žio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Allen Suddon SCHLULTE, SHARON S Street Address (P.O. Box Number is Not Acceptable) 4801 AIRPORT RD 4801 Airport Rd Unit 116 **UNIT 221** ZEPHYRHILLS FL 33542 Zip Code Zephyrhills 33542 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 2-22-68 SIGNATURE . (NOTE: Registered Agent bignazure regitired when reinstaung) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TiTLE Change 2 TITLE Delate ☐ Addition Allen suddon President BROUGHMAN, WILLIAM NAME NAME 4801 AIRPORT RD UNIT 209 STREET ADDRESS STREET ADDRESS 4801 Airport Rd Unit 116 ZEPHYRHILLS FL 33542 CITY-ST-ZIP Zephyrhills, Fl 33542 CITY-ST-ZIP **X** Delate ■ Change ■ Addition Lauritz Johnson SCHULTE, SHARON NAME NAME 4801 Airport Rd Unit 216 4801 AIRPORT RD UNIT 221 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 Zephyrhills, Fl 33542 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change JORSTAD, JAMES NAME NAME 4801 AIRPORT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33542 CITY-ST-ZIP VP ☐ Change TITLE ☐ Delete TITLE Addition WILSON, HAROLD NAME NAME STREET ADORESS 4801 AIRPORT RD UNIT 106 STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ncilibbA 🔲 CAMACHO, LUIS NAME NAME 4801 AIRPORT RD STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-SI-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 enter like empowered.

SIGNATURE:

Allon Suddon 3-7-08

FILED