

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90019 010 ****61.25

40109828



07062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1920513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'NEILL, ROBERT
7151 RUSTIC ACRES
SARASOTA, FL 34241

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 Robert N. Neill 7/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by September 12, 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	D	<input type="checkbox"/> Delete
NAME	KECKER, LARRY	
STREET ADDRESS	6801 SHETLAND WAY	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOBIRN, ED	
STREET ADDRESS	7200 CHAMELEON WAY	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGLISH, FRANK	
STREET ADDRESS	7450 GATOR CAESER BLVD	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'NEILL, ROBERT	
STREET ADDRESS	7151 RUSTIC ACRES	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KREISEDER, JOHN	
STREET ADDRESS	6601 GATOR CREEK BLVD	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEAN, KELLY	
STREET ADDRESS	6701 GATOR CREEK BLVD	
CITY-ST-ZIP	SARASOTA, FL 34241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KECKLER, LARRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GREEN	
STREET ADDRESS	8700 GATOR CREEK BLVD	
CITY-ST-ZIP	SARASOTA 34241	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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		

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: Robert N. Neill 7/3/08 941-650-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #