

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90864 036 \*\*\*\*61.25

60046089



04282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-0236362

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CLAY, TED N  
509 LAKESEDGE DR.  
LAKE PLACID, FL 33852

## 7. Name and Address of New Registered Agent

Name RICHARD W. GAVAGNI  
Street Address (P.O. Box Number is Not Acceptable)  
1609 BRADLEY AVE  
City LAKE PLACID FL Zip Code 33852

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] RICHARD W. GAVAGNI DATE 4/28/07  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 ☐ Delete  
NAME GAVAGNI, RICHARD  
STREET ADDRESS 1609 BRADLEY AVENUE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE PD ☐ Delete  
NAME CLAY, TED N  
STREET ADDRESS 509 LAKESEDGE DR  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE TSD ☐ Delete  
NAME GAVAGNI, LIL  
STREET ADDRESS 1609 BRADLEY AVE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VP ☒ Delete  
NAME SARNI, MASSIMO  
STREET ADDRESS 22 FREEDOM WAY  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VP ☐ Change ☒ Addition  
NAME JOE BONETT  
STREET ADDRESS 404 BOTTLEBRUSH  
CITY-ST-ZIP LAKE PLACID, FL 33852

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: Lil Gavagni LIL GAVAGNI DATE 4/28/07 863-699-0491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR