

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90465 007 \*\*\*\*61.25

**60032344**



03292006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1999245**

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	
<b>JANE L. CORNETT ESQ.</b> <b>401 EAST OSCEOLA ST.</b> <b>STUART, FL 34994</b>		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, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERGER, DONNA J			NAME	Woodbury, Ellen		
STREET ADDRESS	2950 S.E. OCEAN BLVD.			STREET ADDRESS	2950 SE Ocean Blvd, 110-402		
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	STUART, FL 34996		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYHAUD, NAN			NAME			
STREET ADDRESS	2950 SE OCEAN BLVD., 115-1			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOODBURY, ELLEN			NAME	Paris, Lewis		
STREET ADDRESS	2950 SE OCEAN BLVD., 110-402			STREET ADDRESS	2950 SE Ocean Blvd, 109-402		
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	STUART, FL 34996		
TITLE	D Driscoll	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRISCOLL, JAY			NAME			
STREET ADDRESS	2950 SE OCEAN BLVD., 124-3			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHALE, MARGARET			NAME	Duryea, George		
STREET ADDRESS	2950 SE OCEAN BLVD., 109-201			STREET ADDRESS	2950 SE Ocean Blvd, 118-6		
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	STUART, FL 34996		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYMAN, ROBERT			NAME			
STREET ADDRESS	2950 SE OCEAN BLVD 110-204			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996			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: Nan Reynard Nan Reynard 4/27/06 772/297/6324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #