

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90139 026 ****61.25

40045801



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0818563 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, MANUEL
SOMERSET H-166
WEST PALM BECH, FL 33417

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, 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	VD	<input type="checkbox"/> Delete
NAME	MILLSTEIN, MICHAEL	
STREET ADDRESS	SOMERSET-H 155	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONROE, SILLS	
STREET ADDRESS	SOMERSET H150	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART-FRANK, CHARLENE	
STREET ADDRESS	SOMERSET H 145	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TORRES, MANUEL	
STREET ADDRESS	SOMERSET H-166	
CITY-ST-ZIP	W.PALM BCH., FL 33417	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARGULIES, IRVING	
STREET ADDRESS	SOMERSET H-148	
CITY-ST-ZIP	WEST PALM BEACH, FL 334172125	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOREN, SENTA	
STREET ADDRESS	SOMERSET-H 147	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	
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: IRVING S. MARGULIES 3/27/07 561-683-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #