

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90198 020 ****61.25

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04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2295158

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ATLANTIC SHORES MANAGEMENT, INC.
3511 S PENINSULA DR
PORT ORANGE, FL 32127

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 is applicable

(NOTE: Registered Agent signature required when resigning)

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 D ☐ Delete
NAME WARDLE, MARILYN
STREET ADDRESS 4790 S ATLANTIC AVE #C-304
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE VPD ☐ Delete
NAME MCINTYRE, WALTER
STREET ADDRESS 4790 S, ATLANTIC AVE F-602
CITY-ST-ZIP DAYTONA BEACH, FL 32127

TITLE PD ☐ Delete
NAME TAYLOR, YVONNE
STREET ADDRESS 14 PARAGON RD
CITY-ST-ZIP TORONTO, ONTARIO, CN m9r1j5

TITLE SD ☐ Delete
NAME GRABOWSKI, TONI
STREET ADDRESS R.D. 3, BOX 413
CITY-ST-ZIP WELLSBORO, PA 16901

TITLE TD ☒ Delete
NAME ROGERS, JUDITH LYN
STREET ADDRESS 4790 S. ATLANTIC AVE, E-503
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Pres. ☒ Change ☐ Addition
NAME Walter McIntyre
STREET ADDRESS 4790 S ATLANTIC AVE F602
CITY-ST-ZIP PONCE INLET FL 32127

TITLE VPRES. ☒ Change ☐ Addition
NAME YVONNE TAYLOR
STREET ADDRESS 14 Paragon Rd
CITY-ST-ZIP TORONTO ONTARIO CN m9r1j5

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

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

TITLE Treasurer ☐ Change ☒ Addition
NAME NANCY GRIERSON
STREET ADDRESS 400 CUPSAW DR
CITY-ST-ZIP RINGWOOD NJ 07456

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:

Walter G. McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2007 386:322-4027
Date Daytime Phone #