

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 028 ****61.25

4002994



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2121648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MERRILL, KAREN
ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PLACE
VERO BEACH, FL 32960

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, 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

TITLE	T	<input type="checkbox"/> Delete
NAME	KENWORTHY, LEE	
STREET ADDRESS	1170 BOLENTY BLVD WAVE II	
CITY-ST-ZIP	VERO BCH, FL 32963	
TITLE	P	<input type="checkbox"/> Delete
NAME	WACKER, DON	
STREET ADDRESS	115 ATOCHA WAY	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LOU	
STREET ADDRESS	960 WINDSONG WAY	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBSTER, ROSALIE	
STREET ADDRESS	1100 DRIFTWOOD DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, HERB	
STREET ADDRESS	1100 PEGASUS PLACE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSICO, RALPH	
STREET ADDRESS	985 WINDSONG WAY	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nikola, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1155 Leeward Lane	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brennan, Gps	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1160 Atocha Way	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06
Date

772-234-0250
Daytime Phone #