

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90068 050 ****61.25

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02132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2264946

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, JANE
401 EAST OSCEOLA STREET
STUART, FL 34994

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	RD	<input checked="" type="checkbox"/> Delete
NAME	CHASMAR, GEORGE	
STREET ADDRESS	P.O. BOX 364	
CITY-ST-ZIP	PT SALERNO, FL 34992	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICCI, DOUG	
STREET ADDRESS	4183 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAAGENSON, ROBERT	
STREET ADDRESS	4171 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RANGER, THOMAS	
STREET ADDRESS	4199 S.E. ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEVLIN, AARON	
STREET ADDRESS	4487 SE ST LUCIE'S BLVD.	
CITY-ST-ZIP	STUART, FL 34987	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BROGAN	
STREET ADDRESS	4175 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD LUBITZ	
STREET ADDRESS	4181 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN JENKINS	
STREET ADDRESS	4187 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34997	

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

Date

Daytime Phone #