

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90156 031 ****61.25

90000070



03062007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2027717** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER POLIAKOFF P.A.
450 AUSTRALIAN AVENUE, SOUTH
7TH FLOOR
W PALM BCH., FL 33401

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	PD	<input type="checkbox"/> Delete
NAME	WAHL, RICHARD C	
STREET ADDRESS	2001 SE SAILFISH POINT BLVD.	
CITY-ST-ZIP	STUART, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PASQUALE, VINCENT J	
STREET ADDRESS	2001 SE SAILFISH POINT BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKS, CRAIG	
STREET ADDRESS	2001 SE SAILFISH POINT BLVD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDEN, ALAN J	
STREET ADDRESS	2001 SE SAILFISH POINT BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONDA, SATKAMP S	
STREET ADDRESS	2001 SE SAILFISH POINT BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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:

C. Richard Wahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Richard Wahl

4/11/07

(772) 225-2001