

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90250 009 \*\*\*\*61.25

60034942



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2147749

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GRIESEL, JAMIE  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145

## 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	PD	<input type="checkbox"/> Delete
NAME	HEFFELFINGER, PHILLIP	
STREET ADDRESS	1101 S COLLIER BLVD # E107	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEFANIDES, STEVE	
STREET ADDRESS	1103 S. COLLIER BLVD # C107	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRODERICK, ANABELLE	
STREET ADDRESS	1103 S. COLLIER BLVD #C101	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KURUC, STEVE	
STREET ADDRESS	P.O. BOX 267	
CITY-ST-ZIP	CLEVERDALE, NY 12820	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, JAMES	
STREET ADDRESS	1123 S COLLIER BLVD, # D103	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stefanides, Steve	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rekus, Donald	
STREET ADDRESS	5227 West Wind Dr.	
CITY-ST-ZIP	Peoria, IL 61604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robie, Scott F.	
STREET ADDRESS	1101 S. Collier Blvd. #E105	
CITY-ST-ZIP	Marco Island, FL 34145	
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: Steve Kuruc 4/25/06 239-642-5466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Steve Kuruc