

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90071 002 ****61.25

40107443



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2696287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAPP, PAUL
P & M PROP MGT INC.
15660 SAN CARLOS BLVD., # 40
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name: Bob Gelles
Street Address (P.O. Box Number is Not Acceptable):
90 School Management Inc
9411-2 Cypress Lake Drive
City: Ft. Myers FL Zip Code: 33919

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	WIEBE, JOERG	15660 SAN CARLOS BLVD., #40	FORT MYERS, FL 33908	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	SCOTTO, BIAGIO	15660 SAN CARLOS BLVD., #40	FORT MYERS, FL 33908	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	THOMAS, MICHELLE	15660 SAN CARLOS BLVD., #40	FORT MYERS, FL 33908	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	SAPP, PAUL	15660 SAN CARLOS BLVD., #40	FORT MYERS, FL 33908	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Designated Phone #

Michelle Thomas, S/T 4-12-07 (239) 481-4700