

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90063 033 ****61.25

40051334



03172008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2072312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SACHS & SAX, P.A.
301 YAMATO RD.
SUITE 4150
BOCA RATON, FL 33431

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, 2008**

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	P	<input type="checkbox"/> Delete
NAME	TOMASEK, ANDREA	
STREET ADDRESS	13075 ALBRIGHT CT 30	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	TELLO, FERNANDO	
STREET ADDRESS	13135 CHADWICK CT. #23	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	T	<input type="checkbox"/> Delete
NAME	WESSON, PAMELA	
STREET ADDRESS	13155 CHADWICK CT 23	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	WITTENBRINK, GAYLA	
STREET ADDRESS	13175 CHADWICK CT 35	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, JAY	
STREET ADDRESS	13009 ODESSA TRL 21	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	DISALVO, MARIE	
STREET ADDRESS	13979 PENNY PACKER TRAIL #23	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wesson, Daniel	
STREET ADDRESS	13155 Chadwick Ct., #23	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP	Wellington, FL 33414	

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: Andrea Tomasek Andrea Tomasek 3/18/08 793-0835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #