

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90543 024 ****61.25

14014767



02182005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0136279 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L., ESQUIRE
201 W. MARION AVENUE, #301
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name STAR Hospitality Management
Street Address (P.O. Box Number is Not Acceptable)
6025 Taylor Rd #2
City Punta Gorda FL Zip Code 33950

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 *Henry Bamba*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	SD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, CECIL	
STREET ADDRESS	1354 ROCK DOVE CT A-104	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSSI, SUSAN	
STREET ADDRESS	1352 ROCK DOVE CT B-204	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, ROBERT	
STREET ADDRESS	1344 ROCK DOVE CT. D-202	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FREEDMAN, RONALD K	
STREET ADDRESS	1352 ROCK DOVE CT B-204	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	REDDAWAY, MARIA	
STREET ADDRESS	1344 ROCK DOVE CT D-204	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Reddaway	
STREET ADDRESS	1344 Rock Dove Court D204.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pete Paccioretti	
STREET ADDRESS	1344 Rock Dove Court D202	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mason Haas	
STREET ADDRESS	P.O. Box 84 N. Railroad Ave.	
CITY-ST-ZIP	Jamesport, NY 11947	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Freedman	
STREET ADDRESS	1352 Rock Dove Court. B104	
CITY-ST-ZIP	Punta Gorda, FL 33950	
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 exemption stated in Section 119.07(3)(i), 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]* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 575-2831
Date Daytime Phone #