

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768253

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** OCTAGON SEQUENCE OF EIGHT, INC.

**Current Principal Place of Business:**

41660 HORSESHOE RD.  
PUNTA GORDA, FL 33982 US

**New Principal Place of Business:**

**Current Mailing Address:**

41660 HORSESHOE RD.  
PUNTA GORDA, FL 33982 US

**New Mailing Address:**

**FEI Number:** 59-2298305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARON, LAURI A.  
41660 HORSESHOE RD.  
PUNTA GORDA, FL 33982 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: CARON, LAURI A C  
Address: 41660 HORSESHOE RD  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D ( ) Delete  
Name: RUEDI, DR. DIETER D  
Address: 13102 STATE ROAD 80  
City-St-Zip: EAST FORT MYERS, FL 33905 US

Title: P ( ) Delete  
Name: HOERNER, TOM P  
Address: 18138 ADAMS CIRCLE  
City-St-Zip: FORT MYERS, FL 33912 US

Title: D ( ) Delete  
Name: LOEWEL, CHARLOTTE D  
Address: 41570 HORSESHOE RD  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D ( ) Delete  
Name: DEFALCO, IDA L D  
Address: 3057 GRAND AVE  
City-St-Zip: FORT MYERS, FL 33901 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURI A. CARON

C

04/13/2009

Electronic Signature of Signing Officer or Director

Date