

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90177 017 ****61.25

400000007



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2344284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER MANAGEMENT SERVICES, INC
2848 PROCTOR RD
SARASOTA, FL 34231

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANKAUF, WILLIAM 5474 CHANTECLAIRE SARASOTA, FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, BRANDON 5509 CHANTECLAIRE SARASOTA, FL 34235 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOEBUS, LOIS 5510 CHANTECLAIRE SARASOTA, FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEI, WES 5417 CHANTECLAIRE SARASOTA, FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESLIE, WES 5515 CHANTECLAIRE SARASOTA, FL 34235 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EPLER, LOREN 5449 CHANTECLAIRE SARASOTA, FL 34235 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCINTYRE, JOYCE 5445 CHANTECLAIRE SARASOTA, FL 34235 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

William F. Bankauf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Bankauf
Treasurer

4/16/07 941-923-5811
Date Daytime Phone #