

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90062 044 ****61.25

40061931



03302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2426604

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

6. Name and Address of Current Registered Agent

FEICHT, VICKI
1375 GATEWAY BLVD
BOYNTON BEACH, FL 33426

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 _____ (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	P	<input checked="" type="checkbox"/> Delete
NAME	DINARDO, TONY	
STREET ADDRESS	1 CAMBRIDGE PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CESARETTI, FRED	
STREET ADDRESS	6 GRANGE PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KAUTS, DON	
STREET ADDRESS	10 CAMBRIDGE PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOEDICKE, KRISTY	
STREET ADDRESS	1 PENWICK PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINARDO, DONNA	
STREET ADDRESS	1 CAMBRIDGE PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED CESARETTI	
STREET ADDRESS	6 GRANGE PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MURRAY	
STREET ADDRESS	5 GRANGE PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	SECRETARY/TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTY JOEDICKE	
STREET ADDRESS	1 PENWICK PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	CHRISTINE SABELSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 BOSWELL PL.	
STREET ADDRESS	BOYNTON BEACH, FL 33426	
TITLE	DRICHARD MOWECK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 BOSWELL PL.	
STREET ADDRESS	BOYNTON BEACH, FL 33426	
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 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: Fred Cesaretti 04/12/2007 561-965-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #