

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90038 020 ****61.25

4010100-



07122006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-6177729 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITTY, ROBERT
231 INDAIN GROVE DR
STUART, FL 34994

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 reappointing)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

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	NISSEN, ERIC	
STREET ADDRESS	PO BOX 573	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LONG, JOHN SCOTT	
STREET ADDRESS	PO BOX 938	
CITY-ST-ZIP	PALM CITY, FL 34991	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITTY, ROBERT	
STREET ADDRESS	231 INDIAN GROVE DR	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIEFKER, MICHELLE	
STREET ADDRESS	15952 SW MORGAN ST	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, ROBERT S	
STREET ADDRESS	3151 S KANNER HWY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, JOHN	
STREET ADDRESS	P O BOX 1746	
CITY-ST-ZIP	JUPITER, FL 33468	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SNYDER	
STREET ADDRESS	3151 S KANNER HWY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELLE SIEFKER	
STREET ADDRESS	15952 SW MORGAN ST	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNIE HILL	
STREET ADDRESS	6851 SW SPRINGHAYEN AVE	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC NISSEN	
STREET ADDRESS	PO BOX 573	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
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:

Robert Whitty

ROBERT WHITTY, TREASURER

772-286-1038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #