2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F28772 03-23-2005 90047 036 ***150.00 AMERICAN REALTY OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 40037365 1270 N EGLIN PARKWAY 1270 N EGLIN PARKWAY SHALIMAR, FL 32579 SHALIMAR, FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182005 Chq-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 59-2087359 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZIFR GLORIAK Street Address (P.O. Box Number is Not Acceptable) 1270 N EGLIN PARKWAY **BOX 875** SHALIMAR, FL 32579 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete ☐ Change ■ Addition FRAZIER, GLORIA K NAME NAME STREET ADDRESS 11 GRANDVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHALIMAR, FL 32579 TITLE Oelete TITLE ☐ Change ☐ Addition INNESS, BEVERLY D NAME NAME STREET ADDRESS 9 DORAL DRIVE STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP Hugh es AVIDSON, DAWN C ☐ Defete Dawn Hughes Change Change ■ Addition NAME NAME STREET ADDRESS P.O. BOX 726 N/A STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition **BUCHANAN, DOROTHY H** MALLE NAME STREET ADDRESS P.O. BOX 875 N/A STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32879 CITY-ST-ZIP TITLE altached Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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 incommendations.

FILED

Mar 23, 2005 8:00 am

ATTACHMENT #F28772

40037365

	MANAGEMENT	INFORM	ATION		
Last Name Wilhelm	First Kathleen		Middle S	Title Mrs.	Suffix
Office Held	Percentage of O			tive X	
Vice-President	0%	•	No	on-Active 🚨	· · · · · · · · · · · · · · · · · · ·
	RESIDENCI	E ADDRE	SS		
Street Address or P.O. Box 5550 Flatwoods Dr				•	
3000 1141110040		 			
			<u> </u>	T=- 0-2-1	- " N
^{City} Crestview		L	State Fl	432536e (+4 optional)
County (if Florida address)		Country			
Okaloosa		<u>'</u>	USA		
<u> </u>					
and the same of the same of the same	MANAGEMENT	INFORM			
Last Name Parker	First Sharon		Middle K.	Title Mrs.	Suffix
Office Held	Percentage of Or	wnership		tive 🔄	·
Vice-President	0%	•	No	n-Active	
	RESIDENCE	E ADDRES	SS		
Street Address or P.O. Box 315 Yacht Club Drive					-
310 Tacitt Oldo Pitto					
<u> </u>					
City Fort Walton Beach		٤	State Fl	Zip Cade (-	+4 optional)
(County (if Florida address)		Country			
Okaloosa		1	USA		
		<u></u>			
		- <u></u>		,	
	MANAGEMENT	INFORM/			
Last Name	First		ATION Middle		Suffix
Last Name Stauskas	First Catherine	e	ATION Middle P.	Title Mrs.	
Last Name Stauskas Office Held	First Catherine Percentage of Ov	e	ATION Middle P:	Title Mrs. tive 💆	
Last Name Stauskas	First Catherine	e wnership	ATION Middle P. Ac	Title Mrs.	
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box	First Catherine Percentage of Ov 0%	e wnership	ATION Middle P. Ac	Title Mrs. tive 💆	
Last Name Stauskas Office Held Vice-President	First Catherine Percentage of Ov 0%	e wnership	ATION Middle P. Ac	Title Mrs. tive 💆	
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box	First Catherine Percentage of Ov 0%	e wnership	ATION Middle P. Ac	Title Mrs. tive 💆	
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough	First Catherine Percentage of Ov 0%	e wnership E ADDRES	ATION Middle P. Ac No	Title Mrs. tive 20 n-Active 1	Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar	First Catherine Percentage of Ov 0%	e wnership E ADDRES	ATION Middle P. AC No	Title Mrs. tive 💆	Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough	First Catherine Percentage of Ov 0%	e wnership E ADDRES	ATION Middle P. Ac No	Title Mrs. tive 20 n-Active 1	Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address)	First Catherine Percentage of Ov 0%	e wnership E ADDRES	ATION Middle P. Ac No SS State Fl	Title Mrs. tive 20 n-Active 1	Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa	First Catherine Percentage of Ov 0% RESIDENCE	e wnership E ADDRES S Country	ATION Middle P. AC No SS State Fl USA	Title Mrs. tive Mrs. ch-Active D Zip Code (+ 32579	Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address)	First Catherine Percentage of Ov 0%	e wnership E ADDRES S Country	ATION Middle P. AC No SS State Fl USA	Title Mrs. tive 💆 n-Active 🖸 Zip Code (+ 32579	Suffix +4 optional)
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears	First Cathering Percentage of Over 0% RESIDENCE MANAGEMENT First Sandra	e wnership E ADDRES S Country	ATION Middle P. AC No SS State Fl USA Middle J.	Title Mrs. tive Mrs. In-Active C Zip Code (+ 32579	Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears Office Held	First Catherine Percentage of Over 0% RESIDENCE MANAGEMENT First Sandra Percentage of Over 0%	e wnership E ADDRES S Country	ATION Middle P. ACI NO SS State Fl USA ATION Middle J. Act	Title Mrs. tive Mrs. In-Active D Zip Code (132579	Suffix +4 optional)
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears	First Cathering Cathering Percentage of Ov 0% RESIDENCE MANAGEMENT First Sandra Percentage of Ov 0%	e wnership E ADDRES S Country INFORMA	ATION Middle P. ACI NO SS State Fl USA ATION Middle J ACI No	Title Mrs. tive Mrs. In-Active C Zip Code (+ 32579	Suffix +4 optional)
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears Office Held Vice-President	First Catherine Percentage of Over 0% RESIDENCE MANAGEMENT First Sandra Percentage of Over 0%	e wnership E ADDRES S Country INFORMA	ATION Middle P. ACI NO SS State Fl USA ATION Middle J ACI No	Title Mrs. tive Mrs. In-Active D Zip Code (132579	Suffix +4 optional)
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears Office Held	First Cathering Cathering Percentage of Ov 0% RESIDENCE MANAGEMENT First Sandra Percentage of Ov 0%	e wnership E ADDRES S Country INFORMA	ATION Middle P. ACI NO SS State Fl USA ATION Middle J ACI No	Title Mrs. tive Mrs. In-Active D Zip Code (132579	Suffix +4 optional)
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears Office Held Vice-President Street Address or P.O. Box	First Cathering Cathering Percentage of Ov 0% RESIDENCE MANAGEMENT First Sandra Percentage of Ov 0%	e wnership E ADDRES S Country INFORMA	ATION Middle P. ACI NO SS State Fl USA ATION Middle J ACI No	Title Mrs. tive Mrs. In-Active D Zip Code (132579	Suffix +4 optional)
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears Office Held Vice-President Street Address or P.O. Box 675 Fairway Avenue	First Cathering Cathering Percentage of Ov 0% RESIDENCE MANAGEMENT First Sandra Percentage of Ov 0%	e wnership E ADDRES Country INFORMA wnership E ADDRES	ATION Middle P. ACI NO SS ATION Middle J. ACI NO	Title Mrs. tive Mrs. zip Code (4 32579 Title Mrs. ive Mrs.	Suffix -4 optional) Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears Office Held Vice-President Street Address or P.O. Box 675 Fairway Avenue City Fort Walton Beach	First Cathering Cathering Percentage of Ov 0% RESIDENCE MANAGEMENT First Sandra Percentage of Ov 0%	e wnership E ADDRES Country INFORMA wnership E ADDRES	ATION Middle P. ACI NO SS State Fl USA ATION Middle J ACI No	Title Mrs. tive Mrs. In-Active D Zip Code (132579	Suffix -4 optional) Suffix
Last Name Stauskas Office Held Vice-President Street Address or P.O. Box 36 Marlborough City Shalimar County (if Florida address) Okaloosa Last Name Sears Office Held Vice-President Street Address or P.O. Box	First Cathering Cathering Percentage of Ov 0% RESIDENCE MANAGEMENT First Sandra Percentage of Ov 0%	e wnership E ADDRES Country INFORMA wnership E ADDRES	ATION Middle P. Act No SS ATION Middle J. Act No SS	Title Mrs. tive Mrs. zip Code (4 32579 Title Mrs. ive Mrs.	Suffix +4 optional) Suffix

ATTACHMENT # F28772

DBPR 0040 - Officers and Directors

40037365

RightHere.
RightNow.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

NOTE – This form must be submitted as part of an application packet

Please provide information on the partners, managers, officers, or directors for your business entity below.

建造现在是一个是实际。而是是国际的	ORGANIZA	TION NAME		A fit grow state of the Ma
Name of Organization American Realty of	Northwest F	lorida, Inc.		
D/B/A or Trade Name			-	-
<u> </u>				
<u>,</u>		·		
ACCEPTED TO THE LIMITE	D LIABILITY COR	PORATION QUE	STIONS	医数学系统的
If your corporation is a limited liabi managed? You can check your Ar	ticles of Incorporat			anaged or manager
Member Managed 🔲 Manager I	Managed D			
Please list below all Officers, Direct business:	tors, Managers, ar	nd/or Shareholde	s with 10% or mo	ore interest in the
	MANAGEMENT	INFORMATION		的方式,不是正确的
Last Name Frazier	First Gloria) Midd		Suffix
Office Held	Percentage of O	nership	Active /	78
President/ / /	100%		Non-Active	/ <u> </u>
Street Address or P.O. Box	RESIDENCI	ADDRESS /	/-/	<u> </u>
_11 Grandview Drive	/ /	/ /	/ /	
1////	/ /	7 7		
City Shalimar	7	State F)	Zip C 3257	ode (+4 optional) 9
County (if Florida address)		Country/		
Okaloosa 🗸		<u> </u>	SA	
<u></u>				
整理研究等的第三人称形式的			The state of the s	
Last Name Williams	First Patricia	Midd A	le Title Mrs	
Office Held	Percentage of O	wnership	Active	2
Vice-President	0%	ADDRESS	Non-Active	0
Street Address or P.O. Box	RESIDENCI	EADDRESS		
245 Eldridge Road				
	•	_		
City Fort Walton Beach		State Fl	Zip C 3254	ode (+4 optional) 17
County (if Florida address) Okaloosa		Country U	SA	

ATTACHMENT # #28772

H0037365

Last Name	ANAGEMENT INFORM			1.25	VERNER OF THE
Last Name					3 3 1
Lambert	Pauline	Middle A.	R	Title Mrs.	Suffix
Office Held Pe	ercentage of Ownership)	Active	K	3
Vice-President	0%		Non-Ad	tive C]
	RESIDENCE ADDRE	SS			,
Street Address or P.O. Box 127 Twin Oak Drive	· · · · · · · · · · · · · · · · · · ·				
City Crestview		State Fl		Zip Cod 32536	e (+4 optional)
County (if Florida address) Okaloosa	Country	US	SA		
1.50 × 4.00 × 3	ANAGEMENT HIFORM	(ATION		The strain	
M. Last Mame	First	Middle	·	= Title →	= - Suffix -

	MANAGEMENT	MFORMATION		
Last Name Buchanan	First Dorothy	Middle H.	Title .	Suffix
Office Held Vice-President	Percentage of O	whership Acti	ive ⊠ n-Active □	
	RESIDENC	ADDRESS /	T/	
Street Address or P.O. Box				
	/			
City Shalimar		State Fl	Zip Code (+4 opt 32579	ional)
County (if Florida address)		Country		

				
	MANAGEMENT I	NFORMATION		
Last Name Hughes	First Dawn	Middle	Title Mrs.	Suffix
Office Held Vice-President	Percentage of Own	nership	Active Non-Active	
	RES/DENCE	ADDRESS /		. /
Street Address or P.O. Box 941 Harrelson, St	/			
	_/ /			
Fort Walton Reach		State Fl	Zip Coo 3254	de (+4 optional)
County (if Florida address) Okaloosa		Country_ Us	SA-`	

建筑设置的设置,设计是是	MANAGEMENT INFORM	ATION		
Last Name Randes	First Linda	Middle S	e Title . Mr	Suffix
Office Held Vice-President	Percentage of Ownership		Active Non-Active	S X
	RESIDENCE ADDRE	SS		
Street Address or P.O. Box 1947 Woodcrest Ridge				
City Fort Walton Beach]:	State F	Zip (0 32	Code (+4 optional) 547
County (if Florida address) Okaloosa	Country	Ū	SA	

ALIACHMENI 非F28772

40037365

CONTRACTOR OF THE STATE OF THE	MANAGEMENT	INFORM	ATION			1.5	1
Last Name	First		Middle		Title		Suffix
Frakes	Lucinda		<u>J.</u>	A	Mrs.		
Office Held	Percentage of O	wnership	1	Active Non-Ac		QX □	
Vice-President	0% RESIDENC	E ADDRE		NOII-AC	uve i		
Street Address or P.O. Box	TEOIDE 140	E ADDAL					
113 Lisa Marie							
li .							
City		7:	State Fl		Zip Cod	de (+4	optional)
City Shalimar			<u>Fl</u>		32579	, ,	
County (if Florida address) Okaloosa		Country	US	Α			
01103000							
Market Control of the	MANAGEMENT	INFORM	ATION				
Last Name	First		Middle	•	Title		Suffix
Parker	Walter		A	A =1:	$\underline{\text{Mr.}}$	ζ	
Office Held Vice-President	Percentage of O	wnersnip		Active Non-Ac		5 3	
	RESIDENC	E ADDRES	 SS	HUITAG	uve i		
Street Address or P.O. Box							
315 Yacht Club Drive							
City		15	State		Zip Cop	le (+4	optional)
Fort Walton Beach			Fl		32548		·
County (if Florida address) Okaloosa		Country	US	Α			
	MANAGEMENT	INFORM	ATION				
Last Name	MANAGEMENT	INFORM	ATION Middle		Title		Suffix
Last Name Karcher	First Arthur			·	Title Mr.		
Last Name Karcher Office Held	First Arthur Percentage of O		Middle	Active	Title Mr.	JK	
Last Name Karcher	First Arthur Percentage of O	wnership	Middle P.	·	Title Mr.		
Last Name Karcher Office Held Vice-President	First Arthur Percentage of O	wnership	Middle P.	Active	Title Mr.	JK	
Last Name Karcher Office Held	First Arthur Percentage of O	wnership	Middle P.	Active	Title Mr.	JK	
Last Name Karcher Office Held Vice-President Street Address or P.O. Box	First Arthur Percentage of O	wnership	Middle P.	Active	Title Mr.	JK	
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way	First Arthur Percentage of O	wnership E ADDRES	Middle P.	Active	Title Mr. I tive (JK	Suffix
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin	First Arthur Percentage of O	wnership E ADDRES	Middle P.	Active	Title Mr. I tive (JK	
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way	First Arthur Percentage of O	wnership E ADDRES	Middle P.	Active	Title Mr. I tive (JK	Suffix
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin	First Arthur Percentage of O	wnership E ADDRES	Middle P.	Active	Title Mr. I tive (JK	Suffix
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address)	First Arthur Percentage of O 0 8 RESIDENC	wnership E ADDRES	Middle P.	Active Non-Act	Title Mr. (tive (K	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address)	First Arthur Percentage of O 0 8 RESIDENC	wnership E ADDRES	Middle P. SS State F1	Active Non-Act	Title Mr. (tive (Zin Coo	K	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry	wnership E ADDRES Country INFORM	Middle P.	Active Non-Act	Title Mr. (stive (stive) Zin Coo 3254	[e (+4)	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman Office Held	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O	wnership E ADDRES Country INFORM	Middle P. SS State F1 ATION Middle	Active Non-Act	Title Mr.	[e (+4)	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O 0 8	wnership E ADDRES Country INFORM	State F1 ATION Middle D.	Active Non-Act	Title Mr.	[e (+4)	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman Office Held Vice-President	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O	wnership E ADDRES Country INFORM	State F1 ATION Middle D.	Active Non-Act	Title Mr.	[e (+4)	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman Office Held	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O 0 8	wnership E ADDRES Country INFORM	State F1 ATION Middle D.	Active Non-Act	Title Mr.	[e (+4)	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman Office Held Vice-President Street Address or P.O. Box	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O 0 8	wnership E ADDRES Country INFORM	State F1 ATION Middle D.	Active Non-Act	Title Mr.	[e (+4)	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman Office Held Vice-President Street Address or P.O. Box 1517 W. Mariah Way	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O 0 8	E ADDRES Country INFORM wnership E ADDRES	State F1 ATION Middle D.	Active Non-Act	Title Mr.	E (+4	optional) Suffix
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman Office Held Vice-President Street Address or P.O. Box 1517 W. Mariah Way City Fort Walton Beach	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O 0 8	wnership E ADDRES Country INFORMA wnership E ADDRES	State F1 ATION Middle D.	Active Non-Act	Title Mr.	E (+4	Suffix optional)
Last Name Karcher Office Held Vice-President Street Address or P.O. Box 3769 Misty Way City Destin County (if Florida address) Last Name Hoffman Office Held Vice-President Street Address or P.O. Box	First Arthur Percentage of O 0 8 RESIDENC MANAGEMENT First Larry Percentage of O 0 8	E ADDRES Country INFORM wnership E ADDRES	State F1 ATION Middle D.	Active Non-Active Non-Act	Title Mr.	E (+4	optional) Suffix

ATTACHMENT #F28172 40037365.

(接属性)。 1 (2) (1) (1) (2) (2) (4)	MANAGEMEN ⁷	INFURMATION			
Last Name	First	Midd	le	Title	Suffix
Stanley	George Percentage of C	Two H	Active	Mr.	(3 4
Office Held Vice-President	Percentage of C	Jwnersnip	Non-Act	tive	La⊁ □
7100 11 101		E ADDRESS	1100.7.2.	nae	
Street Address or P.O. Box	, ,	/L //DDI CLL		 -	
3405 Williams Rd					
				_	
Olb.		State F		T 7in Co	ode (+4 optional)
City DeFuniak Springs			<u> </u>	3243	3
County (if Florida address) Walton		Country	SA		
Waiton		<u> </u>	SA		
					
	MANAGEMENT First	I INFORMATION			
Last Name	First	Мюа	Īө	Title ∞	Suttix_
Office Held	Percentage of C)wnership	Active		
			Non-Act	tive _	ă
	RESIDENC	E ADDRESS			
Street Address or P.O. Box					
_					
·					
City		State		Zip Co	ode (+4 optional)
= 153		•		1	•
				<u> </u>	·
County (if Florida address)		Country			
		Country			
County (if Florida address)					
County (if Florida address)	MANAGEMENT	TINFORMATION			
County (if Florida address)	MANAGEMENT		le	Title	Suffix
County (if Florida address)		T INFORMATION Midd	le Active	Title	
County (if Florida address) Last Name	First Percentage of C	T INFORMATION Middl Ownership	le	Title	Suffix
County (if Florida address) Last Name Office Held	First Percentage of C	T INFORMATION Midd	le Active	Title	Suffix
County (if Florida address) Last Name	First Percentage of C	T INFORMATION Middl Ownership	le Active	Title	Suffix
County (if Florida address) Last Name Office Held	First Percentage of C	T INFORMATION Middl Ownership	le Active	Title	Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box	First Percentage of C	T INFORMATION Middle Dwnership CE ADDRESS	le Active	Title	Suffix
County (if Florida address) Last Name Office Held	First Percentage of C	T INFORMATION Middl Ownership	le Active	Title	Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box	First Percentage of C	T INFORMATION Midd Dwnership CE ADDRESS State	le Active	Title	Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City	First Percentage of C	T INFORMATION Middle Dwnership CE ADDRESS	le Active	Title	Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address)	First Percentage of C	T INFORMATION Midd Dwnership CE ADDRESS State	le Active	Title	Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City	First Percentage of C RESIDENC	T INFORMATION Midd Dwnership CE ADDRESS State	Active Non-Act	Title tive Zip Co	Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address)	First Percentage of C RESIDENC	T INFORMATION Middle Dwnership CE ADDRESS State Country	le Active Non-Act	Title tive Zip Co	Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address) Last Name	First Percentage of C RESIDENC MANAGEMENT First	T INFORMATION Middl Dwnership DE ADDRESS State Country T INFORMATION Middl	le Active Non-Act	Title tive Zip Co	Suffix Dide (+4 optional) Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address)	First Percentage of C RESIDENC MANAGEMENT	T INFORMATION Middl Dwnership DE ADDRESS State Country T INFORMATION Middl	Active Non-Act	Title Zip Co	Suffix Digital Suffix Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address) Last Name	First Percentage of C RESIDENC MANAGEMENT First Percentage of C	T INFORMATION Middl Dwnership DE ADDRESS State Country T INFORMATION Middl Dwnership	le Active Non-Act	Title Zip Co	Suffix Dide (+4 optional) Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address) Last Name Office Held	First Percentage of C RESIDENC MANAGEMENT First Percentage of C	T INFORMATION Middl Dwnership DE ADDRESS State Country T INFORMATION Middl	Active Non-Act	Title Zip Co	Suffix Decode (+4 optional) Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address) Last Name	First Percentage of C RESIDENC MANAGEMENT First Percentage of C	T INFORMATION Middl Dwnership DE ADDRESS State Country T INFORMATION Middl Dwnership	Active Non-Act	Title Zip Co	Suffix Dide (+4 optional) Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address) Last Name Office Held	First Percentage of C RESIDENC MANAGEMENT First Percentage of C	T INFORMATION Middl Dwnership DE ADDRESS State Country T INFORMATION Middl Dwnership	Active Non-Act	Title Zip Co	Suffix Dide (+4 optional) Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address) Last Name Office Held Street Address or P.O. Box	First Percentage of C RESIDENC MANAGEMENT First Percentage of C	T INFORMATION Midd Dwnership CE ADDRESS State Country T INFORMATION Middl Dwnership CE ADDRESS	Active Non-Act	Title Zip Co	Suffix Dide (+4 optional) Suffix
County (if Florida address) Last Name Office Held Street Address or P.O. Box City County (if Florida address) Last Name Office Held	First Percentage of C RESIDENC MANAGEMENT First Percentage of C	T INFORMATION Middl Dwnership DE ADDRESS State Country T INFORMATION Middl Dwnership	Active Non-Act	Title Zip Co	Suffix Dide (+4 optional) Suffix