

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000536

FILED
Apr 17, 2009
Secretary of State

Entity Name: PPYC FOUNDATION, LIMITED COMPANY

Current Principal Place of Business:

3601 CAPE COLE BLVD.
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

3601 CAPE COLE BLVD.
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 65-0502277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTHEWS, CAROL
3601 CAPE COLE BLVD
PUNTA GORDA, FL 33955 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INGERSON, HELEN K
Address: 3230 34C SOUTH SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: MATTHEWS, CAROL
Address: 24203 SAVORY LN
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: CLARK, RONALD
Address: 17506 CAPE HORN BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: DENNIS, JOSEPH W
Address: 3280 85C SOUTH SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: WILSON, CHARLOTTE H
Address: 16253 CAPE HORN BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: FIELDS, JOHN M
Address: 1107 ISLAMORADA BLVD
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES:

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: MGRM (X) Change () Addition
Name: DENNIS, JEAN
Address: 3280 85C SOUTH SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CAROL MATTHEWS

MGRM

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date