

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90030 034 ****61.25

40010341



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 90-0071991 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTLE, CYNTHIA
INTEGRITY PROPERTY MGMNT
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCORATOW, KIM ☒ Delete
STREET ADDRESS 4872 NW 59 CT
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE PD
NAME RODNEY, PAUL ☐ Change ☒ Addition
STREET ADDRESS 4823 NW 59 CT
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE VD
NAME ROLLO, JOE ☐ Delete
STREET ADDRESS 5768 NW 48 AVE
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RICCIARDELLI, JOHN ☒ Delete
STREET ADDRESS 4722 NW 59 MANOR
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE STD
NAME DOUMA, BEN ☐ Change ☒ Addition
STREET ADDRESS 5753 NW 48th AVE
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE D
NAME PHELPS, JIM ☒ Delete
STREET ADDRESS 4873 NW 59 CT
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Paul Rooney PAUL Rooney 1/09/08 954-346-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #