

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90034 039 ****61.25

40045530



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-1035614** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, DONNA
CAPITAL REALTY ADVISORS, INC
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403

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 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	BREWN, CYNTHIA	
STREET ADDRESS	1467 ESTUARY TRAIL	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADLER, LEONARD	
STREET ADDRESS	1341 ESTUARY TRAIL	
CITY-ST-ZIP	DELRAY BEACH, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SICA, HARRY	
STREET ADDRESS	1491 ESTUARY TRL	
CITY-ST-ZIP	DELRAY BCH, FL 33433	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAGE, PETER	
STREET ADDRESS	828 ESTUARY WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33433	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIMET, SHERRY	
STREET ADDRESS	803 ESTUARY WY	
CITY-ST-ZIP	DELRAY BCH, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, Cynthia	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08

Date

Daytime Phone # _____