

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008481

FILED  
Aug 21, 2006  
Secretary of State

Entity Name: DIPLOMAT MIDDLE SCHOOL P.T.S.O. INC.

## Current Principal Place of Business:

1039 NE 16TH TERRACE  
CAPE CORAL, FL 33909

## New Principal Place of Business:

## Current Mailing Address:

1039 NE 16TH TERRACE  
CAPE CORAL, FL 33909

## New Mailing Address:

FEI Number: 65-1071412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KUSHNER, STEVEN P  
1375 JACKSON ST., SUITE 202  
FT. MYERS, FL 33901      US

## Name and Address of New Registered Agent:

SULLIVAN, ROBIN  
1911 SE 5TH TERR  
CAPE CORAL, FL 33990      US

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: ROBIN SULLIVAN

08/21/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD      ( ) Delete  
Name: MARZELLA, DEBORAH A  
Address: 1841 NW 14TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VD      ( ) Delete  
Name: FERNANDEZ, DENISE  
Address: 225 NE 7TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: SD      ( ) Delete  
Name: HICKS, DEE  
Address: 1039 NE 16TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: SULLIVAN, ROBIN  
Address: 1911 SE 5TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: PD      (X) Change ( ) Addition  
Name: VOGELBACH, MELODY  
Address: 8415 AQUA COVE LANE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD      (X) Change ( ) Addition  
Name: OWEN, ELLEN  
Address: 925 SE 20TH PL.  
City-St-Zip: CAPE CORAL, FL 33990

Title: TD      ( ) Change (X) Addition  
Name: LITTLESTONE, ELISSA  
Address: 1602 SW 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN SULLIVAN

PD

08/21/2006

Electronic Signature of Signing Officer or Director

Date