

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90180 033 ****61.25

60033292



03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3660474 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCHARD, JOHN B
1337 EGRETS LANDING
SUITE 102
NAPLES, FL 34108

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, the registered agent.

SIGNATURE *John Blanchard*
Signature, typed or printed name of registered agent and title if applicable.

JOHN BLANCHARD

4-21-08

(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	P	<input type="checkbox"/> Delete
NAME	PEROSIO, CARLOS	
STREET ADDRESS	20080 SARACENO DR	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALDEMAN, RICHARD	
STREET ADDRESS	20109 SARACENO DR.	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARCIA, ROBERT	
STREET ADDRESS	20117 SARACENO DR.	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, FRED	
STREET ADDRESS	20065 SARACENO DR.	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARLETT, THOMAS	
STREET ADDRESS	20052 SARACENO DR	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIL GREENE	
STREET ADDRESS	20028 SARACENO DR	
CITY-ST-ZIP	ESTERO, FL 33928	
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	VP	<input checked="" 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: *Robert Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-598-5968