

FILED
May 01, 2006 8:00 am
Secretary of State

DOCUMENT # N01000002277

Mailing Address
1701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

02092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3718082

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

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FI	Zip Code
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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 _____

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	PD	<input type="checkbox"/> Delete
NAME	REECE, C. LAWRENCE	
STREET ADDRESS	1133 CORINTH GREENS DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LARSON, DICK	
STREET ADDRESS	1139 CORINTH GREENS DR	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ELLERBROCK, DANA	
STREET ADDRESS	1161 CORIVAN GREENE DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHICKEDANZ, BARBARA	
STREET ADDRESS	1131 CORINTH GREENS DR.	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHERNEY, ED	
STREET ADDRESS	1123 CORINTH GREENS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Estes, Harry		
STREET ADDRESS	1124 Corinth Greens Dr.		
CITY-ST-ZIP	Sun City Center, FL 33573		

TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cherney, Ed		
STREET ADDRESS	1123 Corinth Greens Dr.		
CITY-ST-ZIP	Sun City Center, FL 33573		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Larson, Dick		
STREET ADDRESS	1139 Corinth Greens Dr.		
CITY-ST-ZIP	Sun City Center, FL 33573		

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

7/11/06

Date: _____

813-634-8294
Daytime Phone #

Daytime Phone #