

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90030 009 ****70.00

DOCUMENT # N01000003857					
1. Entity Name DEVELOPMENTALLY DISABLED RESIDENTIAL CORPORATION					
Principal Place of Business 1443 DEL PRADO BLVD D CAPE CORAL, FL 33990			Mailing Address 1443 DEL PRADO BLVD D CAPE CORAL, FL 33990		
2. Principal Place of Business 1443 DEL PRADO BLVD		3. Mailing Address 1443 DEL PRADO BLVD			
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B		01052006 Chg-NP CR2E037 (11/05)	
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 65-1117840	
Zip 33990		Country LEE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'HALLORAN, ROGER E 2180 FIRST STREET SUITE 100 FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name: N/A 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: N/A DATE:					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP BROCKLEHURST, PHYLLIS L 5107 SKYLARK CRT CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5318 MALALUKA CT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASGOW, ROBERT E 11090 HARBOUR YACHT COURT #52C FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOYE, ERIKA P.O BOX 343 PINELAND, FL 33945	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR BARBARA WASSON 3922 SW 26TH ST CAPE CORAL FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHOMEY, CYNTHIA 3236 DRILIAN DR CAPE CORAL, FL 33993	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY/TREASURER S/T	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAHAN, CARMEN 210 NE 2ND ST CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, BARBARA 859 GENOVA ST. LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Robert E. Glasgow</i> ROBERT E. GLASGOW 3/13/06 239-585-7229					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					