

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90057 025 ****61.25

40061634



04102007 No Chg-NP CR2E037 (4/06)

| | |
|---|-----------------------------------|
| 4. FEI Number 59-2438835 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPLAN, LOUIS
C/O SACHS, SOX + KLEIN
301 YAMATO RD., SUITE 4150
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME MANDITCH, ED
STREET ADDRESS 22458 CYPRESS WOOD LN
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE TD
NAME ANGER, ART
STREET ADDRESS 22466 THOUSAND PINES LN.
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE D
NAME HENAO, ALBERT
STREET ADDRESS 22419 CYPRESSWOOD LANE
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE SD
NAME LASDON, BARBARA
STREET ADDRESS 22295 TIMBERLY DR.
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE PD
NAME FIDLER-SCHAAL, SUZANNE
STREET ADDRESS 32294 MISTY WOODS WAY
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

A. Anger PRESIDENT

4/10/07 (561) 451-9992