

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002852**

1. Entity Name  
**ALUMS, INC.**



Principal Place of Business  
**P.O. BOX 21823  
SARASOTA, FL 34276-1813**

Mailing Address  
**PO BOX 21813  
SARASOTA, FL 34276**



01142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**41-2045018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAY, ELAINE  
8035 COLLINGWOOD CT  
UNIVERSITY PARK, FL 34201**

**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	PD
NAME	GILMARTIN, ANNE
STREET ADDRESS	5564 BILBOA PL
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VPD
NAME	PERKINS, JOY
STREET ADDRESS	4815 SWEETMEADOW CIR
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	SD
NAME	SCHAPER, MARCIA
STREET ADDRESS	4955 FALLCREST CIR
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	TD
NAME	MAY, ELAINE
STREET ADDRESS	8035 COLLINGWOOD CT
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	D
NAME	RONINGEN, BRENDA
STREET ADDRESS	5174 LITTLE BROOK CT
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	ADAMS, JUDITH
STREET ADDRESS	1168 MALLARD MARSH DR
CITY-ST-ZIP	OSPREY, FL 34229

000000599621  
01/25/07-00035-003 61.25

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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:**

*Elaine May*

**ELAINE MAY**

**1/17/07**

**(941) 360-1423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #