
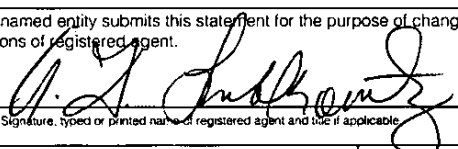
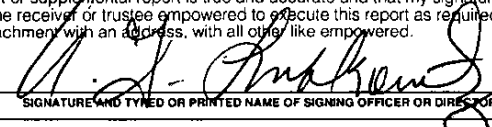


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90224 012 ****70.00

DOCUMENT # N02000003139 1. Entity Name NIGHTINGALE CENTER ASSOCIATION, INC.					
Principal Place of Business 100 NIGHTINGALE LANE GULF BREEZE, FL 32561			Mailing Address 100 NIGHTINGALE LANE GULF BREEZE, FL 32561		
2. Principal Place of Business 100 Nightingale Lane		3. Mailing Address 100 Nightingale Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gulf Breeze, Florida		City & State Gulf Breeze, Florida		4. FEI Number 51-0478501	
Zip 32561		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUBKOWITZ, ADELA F 100 NIGHTINGALE LANE GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		
NAME	FITE, DONNA		NAME		
STREET ADDRESS	206 CENTER RD		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	OTTENSMEYER, MARGARET		NAME		
STREET ADDRESS	206 CENTER RD.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	LUBKOWITZ, ADELA F		NAME		
STREET ADDRESS	100 NIGHTINGALE LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	JACENYIK, MARTA		NAME		
STREET ADDRESS	103 NIGHTINGALE LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SINROD, HAROLD		NAME		
STREET ADDRESS	104 NIGHTINGALE LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LUBKOWITZ, JOACHIM		NAME		
STREET ADDRESS	100 NIGHTINGALE LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	SD		TITLE		
NAME	LUBKOWITZ, JOAQUIN		NAME		
STREET ADDRESS	100 NIGHTINGALE LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div><small>Date</small></div> <div><small>Daytime Phone #</small></div> </div>					

20061489



06292005 Chg-NP CR2E037 (10/03)