

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90056 035 ****61.25

40041400



02152008 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0593316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SEIGEL, ROSALIE
6017 PINE RIDGE RD.
#149
NAPLES, FL 34119~~

7. Name and Address of New Registered Agent

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

4958 KINGSTON WAY
City **NAPLES** **FL** Zip Code **34119**

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, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
SEIGEL, ROSALIE
6017 PINE RIDGE ROAD #149
NAPLES, FL 34119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARLOE, ELAINE
4958 KINGSTON WAY
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HASTINGS, KIM ESQ
3301 BONITA BEACH RD STE 308
BONITA SPRINGS, FL 34134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CALDWELL, CATHY
SOLDAVINI ASSOC.-5456 JAEGER RD.
NAPLES, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DBOM
CHASNOV, KELLY
10801 CORKSCREW RD STE 179
ESTERO, FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SANDRA SARRACINO
2714 ISLAND POND LANE
NAPLES FL 34119 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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: Elaine M. Harloe Elaine M. HARLOE 3/7/08 239-253-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #