

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90057 035 ****61.25

40103740



03122007 Chg-NP CR2E037 (12/06)

4. FEI Number **04-3665272** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BABCOCK, ROBERT
9300 EMERALD COAST PARKWAY WEST
SANDESTIN, FL 32550-7268

7. Name and Address of New Registered Agent

Name
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 _____
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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BABCOCK, ROBERT	
STREET ADDRESS	9300 EMERALD COAST PARKWAY WEST	
CITY-ST-ZIP	SANDESTIN, FL 325507268	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, MICHAEL	
STREET ADDRESS	9300 EMERALD COAST PARKWAY WEST	
CITY-ST-ZIP	SANDESTIN, FL 325507268	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SPEICHER, MIKE	
STREET ADDRESS	9300 EMERALD COAST PARKWAY WEST	
CITY-ST-ZIP	SANDESTIN, FL 325507268	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, MARK	
STREET ADDRESS	301 E PINE ST, STE450	
CITY-ST-ZIP	ORLANDO, FL 328017268	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANGE, MIKE	
STREET ADDRESS	9300 EMERALD COAST PARKWAY WEST	
CITY-ST-ZIP	SANDESTIN, FL 325507268	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chip Abboud	
STREET ADDRESS	4817 Teal Street	
CITY-ST-ZIP	Metairie, LA 70001-3241	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Stiles	
STREET ADDRESS	301 Holly Street	
CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4-30-07