

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005424

FILED  
Jul 20, 2006  
Secretary of State

**Entity Name:** THE HERMITAGE ARTIST RETREAT, INC.

**Current Principal Place of Business:**

6660 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

6650 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

P O BOX 1032  
ENGLEWOOD, FL 34295

**New Mailing Address:**

6650 MANASOTA KEY RD.  
ENGLEWOOD, FL 34223

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADLER, SYD  
6650 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

RODGERS, BRUCE E  
6650 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223 US

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.

SIGNATURE: BRUCE E. RODGERS

07/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ADLER, SYD  
Address: 9100 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: BELK, DIANNE  
Address: 8437 TUTTLE AVE #402  
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete  
Name: DIGNAM, THOMAS  
Address: 5206 THE POINTE  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS. (X) Change ( ) Addition  
Name: EDWARDS, LESLIE  
Address: 1201 S. MCCALL RD.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MS. (X) Change ( ) Addition  
Name: ELKES, SALLY  
Address: 1712 GLEN HOUSE DR.  
City-St-Zip: SARASOTA, FL 34231

Title: MR. (X) Change ( ) Addition  
Name: BISCEGLIA, VITO  
Address: 211 S. INDIANA AVE.  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE EDWARDS

MS.

07/20/2006

Electronic Signature of Signing Officer or Director

Date