

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005424

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

6650 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

6650 MANASOTA KEY RD.  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MS. (X) Change ( ) Addition  
Name: ELKES, SALLY  
Address: 5033 OXFORD  
City-St-Zip: SARASOTA, FL 34242

Title: MR. (X) Change ( ) Addition  
Name: BISCEGLIA, VITO  
Address: 39 N. INDIANA AVE.  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE E. RODGERS

MR.

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date