

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 007 ****70.00

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03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2414389

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARKINS, MICHAEL
4242 SOUTH TAMiami TRAIL
VENICE, FL 34293

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

Michael Harkins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

3/30/05

Filing Fee is \$61.25
Due by May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	ROBERTS, GREGORY C	
STREET ADDRESS	341 VENICE AVE W	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	M	<input type="checkbox"/> Delete
NAME	PENXA, CARL J JR	
STREET ADDRESS	157 S HAVANA RD	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARKINS, MICHAEL J	
STREET ADDRESS	4242 S TAMiami TR	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNIHAN, DAVID	
STREET ADDRESS	332 VENICE GOLF CLUB DR	
CITY-ST-ZIP	VENICE, FL 342923177	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	HOUGH, KAREN J	
STREET ADDRESS	200 SO. NOKOMIS AVE	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNKIN, DAVID	
STREET ADDRESS	170 DEARBORN WEST	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bogusz, Ted	
STREET ADDRESS	6835 Pindo Blvd.	
CITY-ST-ZIP	Sarasota, FL 34241	
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 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		

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:

Michael Harkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 (941)408-8557

Date

Daytime Phone #