

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90251 001 \*\*\*\*61.25

**60035000**



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**83-0377025**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LADERMAN, CARRIE E ESQ.  
WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMiami TRAIL NORTH, SUITE 200  
NAPLES, FL 34103

## 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, 2006**

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 ☐ Delete  
NAME WABISZEWSKI, ED  
STREET ADDRESS 1061 S COLLIER BLVD # 303  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE SD ☐ Delete  
NAME STOKES, KATHLEEN  
STREET ADDRESS 8851 N BAYSIDE DR  
CITY-ST-ZIP BAYSIDE, WI 53217

TITLE VPTD ☐ Delete  
NAME WOODWARD, CRAIG  
STREET ADDRESS 1061 S COLLIER BLVD PH1  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD ☒ Change ☐ Addition  
NAME Wabiszewski, Ed  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE VPS ☒ Change ☐ Addition  
NAME Woodward, Craig  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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, and all other like empowered.

SIGNATURE:

*Ed Wabiszewski*  
Ed Wabiszewski

5/1/06 239-642-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #