2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State 04-07-2004 90006 032 ****61.25

1. Entity Name	RENT # N0300000	04-0)7-2004 90006 032 ***	*61.25		
Principal Place of Business 423 - 150TH AVENUE MADEIRA BEACH, FL 33708		Mailing Address 423—150TH AVENUE- MADEIRA BEACH, FL 33708— 3001 Executive Dr. Suit Clearwater, Fl 33767		te 260		111 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292004 Chg-N	P CR2E037 (10/03)	
City & State		City & State		1 0 a 6 a a c (a a :		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status	CR 75 Additional	
	6. Name and Address of Curren	t Registered Agent	· — —	7. Name and Address	of New Registered Agent	
COHRS, DE 2575 ULME #210 GLEARWAT	enis Condomii RTON ROAD 3001 E. ER, FL 33762 Cleanu	rium Associa xecutive Dr. s vater, FL 337	62	SS (P.O. BOX Number Is NOT A SOO I EXECUT		
the obligation. SIGNATURE	armed entity submits this statement ins of 60 stered agent. Agrand hyper or principle from of registered agent. Filling Fee Is \$61.25 Due by May 1, 2004	that the it applicable. (NO		uired when reinstating) \$5.00 May Re	Hake check payable Florida Department of S	
10.	- OFFICERS AND D	RECTORS	11,	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS I	N 10
TITLE NAME STREET ADDRESS	PD SCHWANDT, WILLIAM 423 - 150TH AVENUE MADEIRA BEACH, FL 33708	☐ Deliste	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
NAME STREET ADDRESS	STD SCHWANDT, ELLEN 423 - 150TH AVENUE MADEIRA BEACH, FL 33708	□ O¢kete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE	D SCHWANDT, WILLIAM JR - 423 - 150TH AVENUE	A conce	TITLE D	منت المنتخصة حدد المنتخصة	Change	Addition
CITY-ST-ZIP TITLE NAME	MADEIRA BEACH, FL 33708	☐ Delete	CITY-ST-ZIP TITLE NAME		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			,
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP		☐ Delicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
indicated of the corp	ertify that the information supplied won this report or supplemental report or attended to the receiver or trustee ender or on an attachment with an address URE:	t is true and accurate and that powered to execute this report	my signature shall have t it as required by Chapter	the same legal effect as if ma	ade under oath; that I am an offici at my name appears in Block 10	er or director