


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 019 ****61.25

DOCUMENT # N04000000203 1. Entity Name RESIDENTS' ALLIANCE FOR A QUALITY LIFESTYLE, INC.					
Principal Place of Business 10509 BELLAVISTA DRIVE FORT MYERS, FL 33913			Mailing Address 10509 BELLAVISTA DRIVE FORT MYERS, FL 33913		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 56-2426358
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ. 14241 METROPOLIS AVENUE SUITE 100 FORT MYERS, FL 33412			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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRIER, JANET 10536 DIAMANTE DR FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTENBERG, RICHARD 10512 BELLA VISTA DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROKKE, CAROLE 10509 BELLA VISTA DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOLDFARB, JONI 10512 BELLLEGIO DR FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STANLEY, CAROL 10502 SEVILLA DR #202 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, ROBERT 10751 RAVENNA WAY FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRIER, JANET 10751 RAVENNA WAY FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISH, PAUL 10511 BELLA VISTA DR FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGRAVE, RICHARD 10504 AVILA FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, ROBERT 9382 AVIANO #202 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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, with all other like empowered.					
SIGNATURE: <i>Carole Brokke</i> CAROLE BROKKE				7-17-07 239 267 4694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	