

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90176 003 ****61.25

DOCUMENT # N04000000297					
1. Entity Name FRIENDS OF THE PARK AT STRANAHAN HOUSE, INC.					
Principal Place of Business 335 SE SIXTH AVE FT LAUDERDALE, FL 33301			Mailing Address 335 SE SIXTH AVE FT LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0661127	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI, INC. 200 E BROWARD BLVD STE 2000(SKT) FT LAUDERDALE, FL 33301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PRESIDENT SCOTT STRAWBRIDGE 2031 C WILTON MANORS DR. WILTON MANORS, FL 33305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY DIXON 3317 WATER OAK Dr. Hollywood, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JANE LEGETTE 3728 N.E. 19th St. FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOYCE REYNOLDS 1636 N.E. 19 ST. FT. LAUDERDALE, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KEN ORTNER 1121 E. Broward Blvd. FT. LAUDERDALE, FL. 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN RUDE 335 S. E. 6 Ave. FT. LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL GALLO 1311 Newport Center Dr. W. Deerfield Beach, FL 33442		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRIS MADSEN 5203 N.W. 33 Ave. Ft. LAUDERDALE, FL. 33309		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CINDY BUCKLEY 126 N.E. 17 Ave. Ft. LAUDERDALE, FL 33301		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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:			4-29-05 954-524-4736		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		