

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000297

FILED
Apr 11, 2007
Secretary of State

Entity Name: FRIENDS OF THE PARK AT STRANAHAN HOUSE, INC.

Current Principal Place of Business:

335 SE SIXTH AVE
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

335 SE SIXTH AVE
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-0661127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI, INC.
200 E BROWARD BLVD
STE 2000(SKT)
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRAWBRIDGE, SCOTT
Address: 2031 C WILTON MANORS DR
City-St-Zip: WILTON MANORS, FL 33305

Title: S () Delete
Name: LEGETTE, JANE
Address: 2728 NE 19TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: T () Delete
Name: ORTNER, KEN
Address: 1121 E BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: GALLO, BILL
Address: 1311 NEWPORT CENTER DR W
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: MADSEN, CHRIS
Address: 5203 NW 33 AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: BUCKLEY, CINDY
Address: 126 NE 17 AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRAWBRIDGE, SCOTT
Address: 1821 MIDDLE RIVER DRIVE APT. 7
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ORTNER, KEN
Address: 1119 S.E. 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STRAWBRIDGE

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date