

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90003 043 ****61.25

40102253



08282006 Chg-NP CR2E037 (4/06)

4. FEI Number
55-0883185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROEDDING, DON
C/O TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907

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 September 6, 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	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR, GAIL	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	ASM	<input type="checkbox"/> Delete
NAME	ROEDDING, DON	
STREET ADDRESS	12734 KENWOOD LANE, SUITE 49	
CITY-ST-ZIP	FT MYERS, FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SORENSEN, ANDY	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, JOHN	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Rubino	
STREET ADDRESS	124 Scotland Dr.	
CITY-ST-ZIP	Williamsville, NY 14221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Don Roedding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06 (235) 939-2559
Date Daytime Phone #