

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006415

FILED
Mar 15, 2006
Secretary of State

Entity Name: 11177 MANAGEMENT CORPORATION

Current Principal Place of Business:

C/O KNIGHT OF COLUMBUS COUNCIL 11177
1922 SW 20TH AVENUE
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

C/O KNIGHT OF COLUMBUS COUNCIL 11177
1922 SW 20TH AVENUE
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 20-1320048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, JEROME K
4803-11 SW SANTA BARBARA COURT
CAPE CORAL, FL 33914 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: CD () Delete
Name: SCHWARTZ, JEROME K
Address: 4803-11 SW SANTA BARBARA COURT
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: FENERTY, CHARLES J
Address: 2515 NW 14TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

Title: D () Delete
Name: SNYDER, ROBERT G
Address: 1008 SW 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: MONSRUD, MYRON D
Address: PO BOX 15703
City-St-Zip: CAPE CORAL, FL 33915

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEROME SCHWARTZ

CD

03/15/2006

Electronic Signature of Signing Officer or Director

Date