

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008287

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: EXCELSIOR ACADEMY OF LEE COUNTY, INC.

**Current Principal Place of Business:**

940 TARPON STEET  
FT. MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4300 N. UNIVERSITY DRIVE  
SUITE C 201  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 20-2696105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHARTER SCHOOL ASSOCIATES, INC.  
4300 N. UNIVERSITY DRIVE  
SUITE C201  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

CHARTER SCHOOL ASSOCIATES, INC.  
4300 N. UNIVERSITY DRIVE  
SUITE C 201  
SUNRISE, FL 33351 US

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:

02/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: GRASCH, NATHANIEL  
Address: 1400 E. NEWPORT CENTER DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete  
Name: ISKANDARANI, BASSEMA  
Address: 4803 COCONUT CREEK PARKWAY  
City-St-Zip: COCONUT CREEK, FL 33145

Title: T ( ) Delete  
Name: LIGHTNER, PATRICIA  
Address: 5917 TAHITI DRIVE  
City-St-Zip: BOKEELIA, FL 33922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: GRASCH, NATHANIEL  
Address: 4300 N. UNIVERSITY DRIVE SUITE C 201  
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change ( ) Addition  
Name: ISKANDARANI, BASSEMA  
Address: 4300 N. UNIVERSITY DRIVE SUITE C 201  
City-St-Zip: SUNRISE, FL 33351

Title: T (X) Change ( ) Addition  
Name: LIGHTNER, PATRICIA  
Address: 4300 N. UNIVERSITY DRIVE SUITE C 201  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify 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: NATHANIEL GRASCH

C

02/06/2008

Electronic Signature of Signing Officer or Director

Date