

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

03-25-2008 90014 038 ****61.25

66006367



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2338756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUTKOWSKI, VICKIE
6512 SUPERIOR AVENUE
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name Cheryl Stroer
Street Address (P.O. Box Number is Not Acceptable)
C/O BYRD REALTY INC.
6512 Superior Ave
City SARASOTA FL 34231

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 Cheryl Stroer PRESIDENT 3/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

Filing Fee is \$81.25
Due by May 1, 2008

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	P	☐ Delete
NAME	STROER, CHERYL	
STREET ADDRESS	121 TRIPLE DIAMOND BLVD UNIT 17	
CITY-ST-ZIP	VENICE, FL 34275	
TITLE	S	☐ Delete
NAME	PARSONS, LINDA	
STREET ADDRESS	121 TRIPLE DIAMOND BLVD UNIT 5	
CITY-ST-ZIP	VENICE, FL 34275	
TITLE	T	☐ Delete
NAME	PARRISH, BILL	
STREET ADDRESS	121 TRIPLE DIAMOND BLVD UNIT#14	
CITY-ST-ZIP	VENICE, FL 34275	
TITLE	D	☐ Delete
NAME	RUTKOWSKI, DAN	
STREET ADDRESS	121 TRIPLE DIAMOND BLVD UNIT 15	
CITY-ST-ZIP	VENICE, FL 34275	
TITLE	D	☒ Delete
NAME	BYRD, DICK	
STREET ADDRESS	6512 SUPERIOR AVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 Cheryl Stroer Date 3/19/08