

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008966

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: ADVANTAGE ACADEMY OF LEE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

4300 N. UNIVERSITY DRIVE  
SUNRISE, FL 33351

## New Mailing Address:

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

FEI Number: 20-3878840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRADER, MICHAEL G.  
10320 NW 6TH STREET  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

STRADER, MICHAEL G.  
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: POTTORF, LINDA M.  
Address: 21 WINEWOOD CT.  
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete  
Name: ISKANDARANI, BASSEMA  
Address: 4803 COCONUT CREEK PARKWAY  
City-St-Zip: COCONUT CREEK, FL 33063

## 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: POTTORF, LINDA M.  
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

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