

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90052 030 ****70.00

DOCUMENT # N05000011849

1. Entity Name

CILB PROPERTIES, INC.



Principal Place of Business

Mailing Address

4800 N. STATE RD. 7, BLDG. F, SUITE 1
LAUDERDALE LAKES FL

4800 N. STATE RD. 7, BLDG. F, SUITE 1
LAUDERDALE LAKES FL

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3538623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDEI, RON
14660 MADISON PLACE
DAVIE FL 33325

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 translating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CASTELLANOS, DANIEL
STREET ADDRESS 19300 SW 2ND ST.
CITY- ST- ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VSD ☐ Delete
NAME MIDEI, RON
STREET ADDRESS 14660 MADISON PLACE
CITY- ST- ZIP DAVID FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☒ Delete
NAME CURTIS, MICHAEL
STREET ADDRESS 5704 SW 119TH AVE.
CITY- ST- ZIP COOPER CITY FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE EXD ☐ Delete
NAME DICKERHOOF, KAREN
STREET ADDRESS 11274 SW 59TH CT.
CITY- ST- ZIP COOPER CITY FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE *SECRETARY* ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE *SECRETARY* ☐ Change ☒ Addition
NAME *DENISE WOLFE*
STREET ADDRESS *821 SE 7TH AVE*
CITY- ST- ZIP *POMPAHO BEACH, FL 33060*

TITLE ☐ Delete
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 Section 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 an other like empowered.

SIGNATURE:

Karen Dickert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07

954-722-6400

Date

Daytime Phone #