

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90211 016 ****70.00

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01302008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4329449

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~CORP DIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301~~

7. Name and Address of New Registered Agent

Name **PRESIDIO REALTY, INC.**
Street Address (P.O. Box Number is Not Acceptable)
2909 W. Bay to Bay Blvd., #202
City **TAMPA** FL Zip Code **33629**

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 reinstating)

DATE

**Filing Fee is \$61.25
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 PD ☐ Delete
NAME SAMBUCO, JOSEPH S
STREET ADDRESS 380 LEXINGTON AVENUE, SUITE 710
CITY-ST-ZIP NEW YORK, NY 10168

TITLE D ☒ Delete
NAME STERN, YOSEF
STREET ADDRESS 1486 UNION ST
CITY-ST-ZIP BROOKLYN, NY 11213

TITLE VD ☐ Delete
NAME MULLARKEY, ROGER T
STREET ADDRESS 380 LEXINGTON AVENUE, SUITE 710
CITY-ST-ZIP NEW YORK, NY 10168

TITLE ST ☐ Delete
NAME GLINSKI, CHRISTOPHER
STREET ADDRESS 380 LEXINGTON AVENUE, SUITE 710
CITY-ST-ZIP NEW YORK, NY 10168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Kevin McCollum**
STREET ADDRESS **11706 Heritage Point Dr. #128**
CITY-ST-ZIP **ORLANDO, FL 32825**

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #