

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-25-2007 90171 006 ****70.00

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04182007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000002589 1. Entity Name NEW COLLEGE OF FLORIDA PROPERTY CORPORATION					
Principal Place of Business 5700 N TAMIAMI TRAIL SARASOTA, FL 34243-2197			Mailing Address 5700 N TAMIAMI TRAIL SARASOTA, FL 34243-2197		
2. Principal Place of Business - No P.O. Box # 5800 Bay Shore Road		3. Mailing Address 5800 Bay Shore Road		4. FEI Number 26-0193899 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. COH 108		Suite, Apt. #, etc. COH 108			
City & State Sarasota, Florida		City & State Sarasota, Florida			
Zip 34243		Zip 34243			
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEAL, A R - 911 CHESTNUT ST CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Steve Pfeiffer Street Address (P.O. Box Number is Not Acceptable) 5800 Bay Shore Road City Sarasota FL Zip Code 34243	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Steve Pfeiffer, General Counsel <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> April 23, 2007 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to: Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PRESHA, MICHEY 5700 N TAMIAMI TRAIL SARASOTA, FL 342432197	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5800 Bay Shore Road Sarasota, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STED MARTIN, JOHN 5700 N TAMIAMI TRAIL SARASOTA, FL 342432197	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5800 Bay Shore Road Sarasota, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHALSON, GORDON 5700 N TAMIAMI TRAIL SARASOTA, FL 342432197	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5800 Bay Shore Road Sarasota, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, BRADFORD 5700 N TAMIAMI TRAIL SARASOTA, FL 342432197	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5800 Bay Shore Road Sarasota, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Carter, Carol 5800 Bay Shore Road Sarasota, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 employed.					
SIGNATURE:		John U. Martin		941-487-4444	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					