

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 001 \*\*\*\*61.25

**DOCUMENT # N06000004853**

1. Entity Name  
**PRESIDENTS' COUNCIL OF SD, INC.**



Principal Place of Business  
**215 GRAND BLVD  
MIRAMAR BEACH, FL 32550**

Mailing Address  
**215 GRAND BLVD  
MIRAMAR BEACH, FL 32550**

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

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VORBECK, GARY  
10065 WEST EMERALD COAST PARKWAY S# B101  
MIRAMAR BEACH, FL 32550**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, ANNE	
STREET ADDRESS	8789 ST ANDREWS	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAYRE, GEORGE	
STREET ADDRESS	PO BOX 6883	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALMON, ANDREW	
STREET ADDRESS	5279 TIVOLI WAY	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOWE, DAVID	
STREET ADDRESS	3201 BAY ESTATES	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, H.C.	
STREET ADDRESS	1514 ISLAND GREEN	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, JOHN J	
STREET ADDRESS	501 MAGNOLIA PLACE	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hollis Risley	
STREET ADDRESS	8061 Fountain Lane	
CITY-ST-ZIP	Miramar Beach, FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Hollis Risley* **Hollis Risley** **4/30/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #