

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-22-2007 90098 033 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000006636			
1. Entity Name FRIENDS OF MAULE LAKE, INC.			
Principal Place of Business 3220 NE 165TH STREET NORTH MIAMI BEACH, FL 33160		Mailing Address 3220 NE 165TH STREET NORTH MIAMI BEACH, FL 33160	
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. Name and Address of Current Registered Agent SCHUGAR, BERNARD B. DR. 3220 NE 165TH STREET NORTH MIAMI BEACH, FL 33160		5. Certificate of Status Desired ☒ 14-1989500 6. Fee Required \$8.75	
7. Name and Address of New Registered Agent		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 use: appropriate. (NOTE: Registered Agent signature required when receiving)		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D SCHUGAR, BERNARD B 3220 NE 165TH STREET NORTH MIAMI BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/D SCHUGAR, MARSHA S 3220 NE 165TH STREET NORTH MIAMI BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T/S SCHUGAR, WENDY L 3220 NE 165TH STREET NORTH MIAMI BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 3300 NE 192nd St #1509 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 empowered.			
SIGNATURE: _____ SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 6/19/07 Taxpayer Phone: 706-844-3667	