

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009644

FILED
Jan 15, 2007
Secretary of State

Entity Name: STEINWAY SOCEITY OF CENTRAL FLORIDA, INC

Current Principal Place of Business:

303 E. ALTAMONTE DRIVE
1225
ALTAMONE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

303 E. ALTAMONTE DRIVE
1225
ALTAMONE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-5532663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIMES, GARY
303 E. ALTAMONTE DRIVE
1225
ALTAMONE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D P () Delete
Name: GRIMES, GARY
Address: 303 E ALTAMONTE DRIVE #1225
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D S () Delete
Name: GRIMES, KATHY
Address: 303 E ALTAMONTE DRIVE #1225
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D VP () Delete
Name: SCHOTT, FRED G
Address: 2056 HUTTOW PT
City-St-Zip: LONGWOOD, FL 32779

Title: D T () Delete
Name: LEMUS, ANTONIO
Address: 108 MARCIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: STEIN, CAROL
Address: C/O 303 E ALTAMONTE DRIVE #1225
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: MOORE, DON
Address: C/O 303 E ALTAMONTE DRIVE #1225
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY GRIMES

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date