

# 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  
Name:  
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