# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# N06000010254

**Entity Name:** ORLANDO ACADEMY CAY CLUB I COA, INC.

**Current Principal Place of Business:**

18167 US HWY 19 N STE 500
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

18167 US HWY 19 N STE 500
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALLAHAN, W. SCOTT
37 N ORANGE AVE STE 200
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

BOWER, HOLLY A ESQ
12800 UNIVERSITY DRIVE
SUITE 260
FORT MYERS, FL 33907 US

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: HOLLY A BOWER ESQ 04/27/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: CLARK, DAVE
Address: 18167 US HWY 19 N STE 500
City-St-Zip: CLEARWATER, FL 33764

Title: DS ( ) Delete
Name: SCHWARZ, DAVID
Address: 18167 US HWY 19 N STE 500
City-St-Zip: CLEARWATER, FL 33764

Title: DT ( ) Delete
Name: SCHWARZ, GARY
Address: 18167 US HWY 19 N STE 500
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS (X) Change ( ) Addition
Name: SCHWARZ, DAVID W
Address: 18167 US HWY 19 N STE 500
City-St-Zip: CLEARWATER, FL 33764

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID W SCHWARZ DS 04/27/2007
Electronic Signature of Signing Officer or Director Date