

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90017 042 ****70.00

DOCUMENT # N07000001785

1. Entity Name
FRUITVILLE 210 COMMUNITY ALLIANCE, INC.



Principal Place of Business
**5317 FRUITVILLE RD - # 103
SARASOTA, FL 34232**

Mailing Address
**5317 FRUITVILLE RD - # 103
SARASOTA, FL 34232**

40104492



2. Principal Place of Business - No P.O. Box #
1515 VEREDA VERDE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05202008 Chg-NP CR2E037 (12/06)

City & State
SARASOTA, FL

City & State

4. FEI Number
01-0897341

Applied For
Not Applicable

Zip
34232 Country
USA

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KROTEC, JOHN T
5373 FRUITVILLE RD
SARASOTA, FL 34232**

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 September 12, 2008**

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 **C** ☐ Delete
NAME **KROTEC, JOHN**
STREET ADDRESS **1515 VEREDA VERDE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **VC** ☐ Delete
NAME **SUMMERFORD, KEITH**
STREET ADDRESS **841 GREYSTONE LN**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **S** ☐ Delete
NAME **HEFFNER, KAREN**
STREET ADDRESS **1135 STOEGER AVE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **D** ☐ Delete
NAME **HEED, HARMON**
STREET ADDRESS **5380 SOUTHERLY WAY**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: KAREN HEFFNER **5-21-08** **941-924-4945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #