

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N08294

1. Entity Name
VOSE PROPERTIES, INC.



Principal Place of Business
**% DIOCESAN CENTER
9995 N MILITARY TRL
PALM BEACH GARDENS, FL 33410**

Mailing Address
**PO BOX 109650
PALM BEACH GARDENS, FL 33410 US**



02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2664150 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FITZGERALD, J PATRICK ESQ
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000007451098
03/10/06-80036-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBARITO, GERALD M REV
STREET ADDRESS	9995 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VD
NAME	MURPHY, RICHARD REV
STREET ADDRESS	9995 N MILITARY TRAIL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	NOTABARTOLO, CHARLES E REV
STREET ADDRESS	9995 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TD
NAME	HAMEL, DENIS A MR
STREET ADDRESS	9995 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEWIS A. HAMEL

2/22/06 (561) 775-9518
Date Daytime Phone