

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90200 004 ****61.25

60034273



04142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2698035

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

DOUGHERTY, JOHN
4048 DELTONA BLVD.
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

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 May 1, 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	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIJA, JENNIE	
STREET ADDRESS	6148 WATERS WAY	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROEBUCK, BRIAN	
STREET ADDRESS	6162 NEW OSPREY POINTE	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUARINO, MICHAEL	
STREET ADDRESS	7268 CRYSTAL SPRING RUN	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLATAU, KARYN	
STREET ADDRESS	6138 WATERS WAY	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, BRYAN	
STREET ADDRESS	6152 NEW OSPREY POINTE	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PIECHOTA, ANN M	
STREET ADDRESS	6144 WATERS WAY	
CITY-ST-ZIP	SPRING HILL, FL 34607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Lambiris	
STREET ADDRESS	6145 Waters Way	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Falkowski	
STREET ADDRESS	6158 New Osprey Pointe	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Williams	
STREET ADDRESS	6146 Waters Way	
CITY-ST-ZIP	Weeki Wachee FL 34607	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Roebuck	
STREET ADDRESS	6162 New Osprey Pointe	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Flatau	
STREET ADDRESS	6138 Waters Way	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Kroll	
STREET ADDRESS	6142 Waters Way	
CITY-ST-ZIP	Weeki Wachee FL 34607	

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 addition with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #