

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90049 030 \*\*\*\*61.25

**40068045**



02072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2680276

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SCHWIND, GEORGE, ESQ/ST. JOHN & KING  
500 AUSTRALIAN AVE. S.  
SUITE 600  
WEST PALM BEACH, FL 33401

## 7. Name and Address of New Registered Agent

Name  
**KEITH F. BACKER, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**BACKER LAW FIRM, P.A.**  
**400 SOUTH DIXIE HWY - SUITE 420**  
City **BOCA RATON** FL Zip Code **33432**

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	WATKINS, BERDIE	
STREET ADDRESS	15469 LAKES OF DELRAY BLVD #C1-202	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGRESTI, JOSEPH	
STREET ADDRESS	15449 LAKES OF DELRAY BLVD C3-205	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SLAVIN, ROSLYN	
STREET ADDRESS	15465 LAKES OF DELRAY BLVD, #C101	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRICKMAN, DIANE	
STREET ADDRESS	15449 LAKES OF DELRAY BLVD C3-207	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAZELLI, BRENT	
STREET ADDRESS	15449 LAKES OF BELREY BLVD #C3-106	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICKMAN, DARYL	
STREET ADDRESS	15449 LAKES OF DELRAY BLVD. C3-207	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08 (561) 496-3233

Date

Daytime Phone #