

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90463 014 ****61.25

50015806



03132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2855900

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

SAVILLE, RICHARD
4115 LAKE FOREST
MOUNT DORA, FL 32757

**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

Richard Saville

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-06

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUGGS, BILL
STREET ADDRESS	4142 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	DV
NAME	SAVILLE, RICHARD
STREET ADDRESS	4115 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	SD
NAME	PIETRAZ, MICHELE
STREET ADDRESS	4041 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	DT
NAME	PETERSON, JOHN
STREET ADDRESS	4112 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	FORAN, JOHN
STREET ADDRESS	4029 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	SLUSHER, KENNETH
STREET ADDRESS	4109 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA, FL 32757

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Richard Saville

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-18-06

Daytime Phone #