

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90050 043 ****61.25

50019008



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0126989** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT OF SOUTHWEST FL INC
9031 TOWN CENTER PKWY
BRADENTON, FL 34202

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, 2005**

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	PRESS, IRVING	
STREET ADDRESS	7521 FAIRLINKS CT	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OARR, KATHY	
STREET ADDRESS	7561 FAIRLINKS CT	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, ROBERT	
STREET ADDRESS	7426 FAIRLINKS CT	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, EMILY	
STREET ADDRESS	7538 FAIRLINKS COURT	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GROSS, DAVID	
STREET ADDRESS	5827 FAIRWOODS CIR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STICKLER, DONNA	
STREET ADDRESS	5803 FAIRWOODS CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD GOODMAN	
STREET ADDRESS	588 Fairwood Circle	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL LERMAN	
STREET ADDRESS	5849 Fairwood Circle	
CITY-ST-ZIP	Sarasota FL 34243	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

Daytime Phone #