

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90032 031 ****61.25

60026094



03132007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0124485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURTHA, THOMAS E C.P.A
900 E.PINE STREET
SUITE 126
ENGLEWOOD, FL 34223

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, 2007

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 | P | <input type="checkbox"/> Delete |
| NAME | STEENROD, RICHARD | |
| STREET ADDRESS | 2217 OLEADA CT. | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KNIGHT, BRIAN | |
| STREET ADDRESS | 2228 OLEADA CT | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HELFAND, ELLIOT | |
| STREET ADDRESS | 2245 OLEADA CT. | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MORAN, BRUCE | |
| STREET ADDRESS | 2254 OLEADA CT | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMOLCNOPI, KAYE | |
| STREET ADDRESS | 2286 PARAISO CT | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KNIGHT, LEE ANNE | |
| STREET ADDRESS | 2241 OLEADA CT | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, BRIAN | |
| STREET ADDRESS | 2228 OLEADA CT. | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEENROD, RICHARD | |
| STREET ADDRESS | 2217 OLEADA CT. | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| 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: Lee Anne Knight - Lee Anne Knight 3/17/07 941-698-7517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #