

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90109 009 ****61.25

60026492



01102008 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0083497** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLER, BEATRICE
% TOP MANAGEMENT OF SW FL INC
16681 MCGREGOR BLVD., #104
FT MYERS, FL 33908

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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	KISER, STAN	
STREET ADDRESS	12641 KELLY SANDS WAY #226	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHUMATE, AL	
STREET ADDRESS	12647 KELLY SANDO WAY #221	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	GD	<input checked="" type="checkbox"/> Delete
NAME	HIMMEL, DON	
STREET ADDRESS	12647 KELLY SANDO WAY #214	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VERBEKE, ROBERT	
STREET ADDRESS	12641 KELLY SANDS WAY #208	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROGERS, LINDA	
STREET ADDRESS	12641 KELLY SANDS WAY #228	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISER, STAN	
STREET ADDRESS	12641 Kelly Sands Way #226	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	GD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, LEE	
STREET ADDRESS	12641 Kelly Sands Way #219	
CITY-ST-ZIP	FT MYERS, FL 33908	
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 title empowered.

SIGNATURE:

Robert Verbeke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06

Date

Daytime Phone #