

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90137 046 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

40051800



01142005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0096876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWSOME, JOHN
% WELLINGTON MANAGEMENT INC.
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	LEVY, MARVIN	2950 BENT CYPRESS RD	WELLINGTON, FL 33414	☐
VTD	FEIDLER, GARY	2951 BENT CYPRESS RD	WELLINGTON, FL 33414	☐
SD	GILL, JOE	2831 BENT CYPRESS RD	WELLINGTON, FL 33414	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
				☐
				☐
	V.P.			☒ Change ☐ Addition
	Secretary Margaretta Trevelyan	2901 Bent Cypress Rd	Wellington, FL 33414	☐ Change ☒ Addition
	Director Eike Browning	3000 Bent Cypress Rd	Wellington, FL 33414	☐ Change ☒ Addition
				☐

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

3/28/2005

Date

Daytime Phone #