

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-04-2005 90075 020 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2925191** 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

ULM, JEFFREY
C/O GOLDSTAR MANAGEMENT CO
2435 US 19 STE 270
HOLIDAY, FL 34691

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ ☒ Delete
NAME SCOTT, CYNTHIA
STREET ADDRESS 3873 TALAH DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME VISSER, KENNETH
STREET ADDRESS 3825 TALAH DR
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE _____ ☒ Change ☐ Addition
NAME P
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME THOMAS, CLAUDIA
STREET ADDRESS 3878 TARIAN CT
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☒ Delete
NAME PETER, TEMKO
STREET ADDRESS 3925 TARIAN CT.
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE _____ ☐ Change ☒ Addition
NAME T MACKENZIE, SANDRA
STREET ADDRESS 3885 TALAH DR.
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE _____ ☒ Delete
NAME GODWIN, JOAN
STREET ADDRESS 3874 TALAH DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ 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

Date

Daytime Phone #

APR 15 2005 813-855-1227