

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90161 009 ****61.25

40066768



03082007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0150812 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, JANE
401 E. OSCEOLA ST., 1ST FLOOR
STUART, FL 34994

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	DVP	<input type="checkbox"/> Delete
NAME	HURD, JAMES	
STREET ADDRESS	13300 MAPLEWOOD RD	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KRON, PHILIP	
STREET ADDRESS	1499 WILD OLIVE CT	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, SUSAN	
STREET ADDRESS	13304 MAPLEWOOD RD	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	YARVIS, LOUISE	
STREET ADDRESS	1547 BUTTONBUSH CIRCLE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROCKOB, ALBERT	
STREET ADDRESS	1549 BUTTONBUSH CIRCLE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS Kurts, Sally	
STREET ADDRESS	13335 Maplewood Rd.	
CITY-ST-ZIP	Palm City, FL 34990	

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 *Albert E. Brockob* **ALBERT E. BROCKOB**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07 772-336-2100
Date Daytime Phone #