

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90197 034 \*\*\*\*61.25

40081431



02172007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0179156 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
Name **BAKALAR & EICHNER, P.A.**  
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 reconstituting) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HRYNKO, JENNIFER		NAME	BREMNER, CATHERINE	
STREET ADDRESS	10270 NW 48 COURT		STREET ADDRESS	10206 NW 48 MANOR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUMENTHAL, GARY		NAME	SCAVONE, JOHN	
STREET ADDRESS	4872 NW 103 DR		STREET ADDRESS	10336 NW 48 COURT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRILLO, RICHARD		NAME	VELEZ, MARIE C	
STREET ADDRESS	10305 NW 48 CT		STREET ADDRESS	4802 NW 102 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLANTE, MICHAEL		NAME	SLOANE, PAUL	
STREET ADDRESS	10229 NW 48 CT		STREET ADDRESS	4838 NW 103 DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARK		NAME	PLANTE, MICHAEL	
STREET ADDRESS	4811 NW 103 DR		STREET ADDRESS	10229 NW 48 COURT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Catherine M Bremner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/21/07 (24) 712-9461  
Daytime Phone #