

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90035 032 ****61.25

40020693



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0268634

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT GROUP
8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SHANTZER, LOU
STREET ADDRESS 7899 BRIDLINGTON DR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE PD
NAME KRAWITZ, RUTH
STREET ADDRESS 4965 LE CHALET BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE T/D
NAME LAKIN, ISADORE
STREET ADDRESS 7655 BRIDLINGTON DR.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE TD
NAME FEIGERBAUM, LEONARD
STREET ADDRESS 7915 BRIDLINGTON DR.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE S
NAME ADLER, MARSHA
STREET ADDRESS 639 E. OCEAN AVE., #204
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Ruth Krawitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07
Date

Daytime Phone #