


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N46172 1. Entity Name COMMUNITY PARTNERS, INC.	
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Principal Place of Business 4726 N TAMiami TrL SARASOTA, FL 34234	Mailing Address 4726 N TAMiami TrL SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE



06182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0318981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAP, JANET M.
3500 CENTRAL AVE.
SARASOTA, FL 34234

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDBACH, ELEANOR 4469 RAYFIELD DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT LEAP, JANET M 508 SATURN AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EISNER, SHELLEY 4116 4TH AVE NE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HARRIS, CAROL 3486 AUSTEN ST SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP EISNER, JAMES 4116 4TH AVE NE BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000768180
07/11/07-80004-015 61.25

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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: Janet M. Leap JANET M. LEAP 7-6-07 941-355-7889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #