

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90028 006 \*\*\*\*70.00

**DOCUMENT # N49092**

1. Entity Name

PRADER-WILLI FLORIDA ASSOCIATION, INC.



Principal Place of Business

1580 NW 97TH AVE.  
CORAL SPRINGS, FL 33071 US

Mailing Address

1580 NW 97TH AVE.  
CORAL SPRINGS, FL 33071 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-3128537

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

GUILIANO, DESIREE  
1580 NW 97TH AVE.  
CORAL SPRINGS, FL 33071

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

*Desiree Guiliano*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/10/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 P  
NAME TORBERT, MICHELLE ☐ Delete  
STREET ADDRESS 17777 SW 28TH ST.  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE COV  
NAME SANCHEZ, MARIA ☐ Delete  
STREET ADDRESS 16199 SW 54TH CT.  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE COV  
NAME SANCHEZ, MIGUEL ☐ Delete  
STREET ADDRESS 16199 SW 54TH CT.  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE S  
NAME DUNN, LAURA ☐ Delete  
STREET ADDRESS 1593 FLAMINO CT  
CITY-ST-ZIP CORAL SPRINGS, FL 33035

TITLE TD  
NAME GUILIANO, DESIREE ☐ Delete  
STREET ADDRESS 1580 NW 97TH AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE BD  
NAME STALLINGS, JOHN ☐ Delete  
STREET ADDRESS 694 SE ASHLEY OAKS WAY  
CITY-ST-ZIP STUART, FL 34997

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME TORBERT, MICHELLE ☐ Change ☐ Addition  
STREET ADDRESS 17777 285th ST.  
CITY-ST-ZIP

TITLE  
NAME SANCHEZ, MARIA ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:

*Desiree Guiliano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/08*

Date

*954-753-5165*

Daytime Phone #