

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90053 019 ****61.25

90020204



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0439975
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEIDLER-LADWIG, PATTI
12765 W FOREST HILL BLVD
SUITE 1312
WELLINGTON, FL 33414

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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	DS FREIGENBERG, DAVID 10885 FAIRMONT VILL DR. LAKE WORTH, FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, ELAINE 10795 FAIRMONT VILL DRIVE LAKE WORTH, FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, WILLIAM 10830 FAIRMONT VILLAGE DR. LAKE WORTH, FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLADKO, MARTIN 10686 FAIRMONT VILL DRIVE LAKE WORTH, FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREEDMAN, BARRY 10668 FAIRMONT VILLAGE DR. LAKE WORTH, FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: Martin Kladko MARTIN KLADKO, PRESIDENT 2/3/05 561-642-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #