

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90050 045 ****61.25

DOCUMENT # N93000001983

1. Entity Name

44TH STREET COMMUNITY, INC.



Principal Place of Business

1830 COMMERCE AVENUE
VERO BEACH FL 32960

Mailing Address

1830 COMMERCE AVENUE
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3182226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

SCHLITT, RICHARD
1830 COMMERC AVENUE
VERO BEACH FL 32960

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

FILE NOW: 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 | D | <input type="checkbox"/> Delete |
| NAME | SCHLITT, RICHARD | |
| STREET ADDRESS | 1830 COMMERCE AVENUE | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SCHLITT, MAUREEN | |
| STREET ADDRESS | 2150 47TH TERRACE | |
| CITY-ST-ZIP | VERO BEACH FL 32966 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SCHLITT, WILLIAM | |
| STREET ADDRESS | 2150 47TH TERRACE | |
| CITY-ST-ZIP | VERO BEACH FL 32966 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Schlitt Kathy | |
| STREET ADDRESS | 4340 62nd Terrace | |
| CITY-ST-ZIP | VERO BEACH FL 32967 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Eric Williams, ERIC | |
| STREET ADDRESS | 4320 62nd Terrace | |
| CITY-ST-ZIP | VERO BEACH FL 32967 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Dion, Roger | |
| STREET ADDRESS | 2440 4360 62nd Terrace | |
| CITY-ST-ZIP | VERO BEACH FL 32967 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20

Date

772-562-2856

Daytime Phone #