

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90192 021 ****61.25

40073400



04262006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0499150** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVAN-MARGOLIS, SHELLEY
1750 EAST SUNRISE BLVD
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name **Levan Margolis, Shelley**
Street Address (P.O. Box Number is Not Acceptable)
2100 West Cypress Creek Road
City **Fort Lauderdale, FL** Zip Code **33309**

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 *Shelley Levan Margolis* **Shelley Levan Margolis** **4/26/06**
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, 2006**

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	PT	☐ Delete
NAME	LEVAN, ALAN B	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	ST	☐ Delete
NAME	SARRICA, LEWIS	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	ED	☐ Delete
NAME	LEVAN MARGOLIS, SHELLEY	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	☒ Change ☐ Addition
NAME	Levan, Alan B.	
STREET ADDRESS	2100 West Cypress Creek Road	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	ST	☒ Change ☐ Addition
NAME	Sarrica, Lewis	
STREET ADDRESS	2100 West Cypress Creek Road	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	ED	☒ Change ☐ Addition
NAME	Levan Margolis, Shelley	
STREET ADDRESS	2100 West Cypress Creek Road	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Shelley Levan Margolis* **9/26/06** **954-940-5058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shelley Levan Margolis, Director