

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED / FILED

DATE Apr 17 2006 08:00 AM

CK NO. 27358 Secretary of State

ACCT. NO. 9071

AMOUNT 61.25

BLDG. _____



1st MOORE

CR2E037 (10/05)

4. FEI Number **65-0515216**

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL PROP MGMT
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

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 reestablishing)

DATE

FILE NOW: 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	PD	☐ Delete
NAME	KARNEY, JOYCE	
STREET ADDRESS	5510 LAKE TERN PL	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VPD	☐ Delete
NAME	KARNEY, JOYCE	
STREET ADDRESS	5510 LAKE TERN PLACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	T	☐ Delete
NAME	CATANIA, NICK	
STREET ADDRESS	6233 OSPERY TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VPD	☐ Delete
NAME	BLUM, GARY	
STREET ADDRESS	5030 HERON CT	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
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		☐ 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		
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 Section 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 files empowered.

SIGNATURE

Joyce M Karney