

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90057 001 ****61.25

40040000



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3309038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, ESQ, DEBORAH K
759 S. FEDERAL HWY
STE. 212
STUART, FL 34994

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, 2007

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 ROHON, DENNIS
STREET ADDRESS 3183 SW MARCO LANE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE VPD ☐ Delete
NAME JERANSKY, JENNIFER
STREET ADDRESS 3063 SW MARCO LN
CITY-ST-ZIP PALM CITY, FL 34990

TITLE SD ☒ Delete
NAME JACOBUS, PHILLIP R
STREET ADDRESS 2481 SW ESTELLA TERRACE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☐ Delete
NAME DUCKSON, SCOTT
STREET ADDRESS 3103 SW MARCO LANE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE TD ☐ Delete
NAME GRAVES, ROBERT
STREET ADDRESS 2641 SW ESTELLA TERRACE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME DIANE TOMISIK
STREET ADDRESS 2482 SW ESTELLA TERRACE
CITY-ST-ZIP PALM CITY, FL 34990

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/07

561 624-5888