

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90036 041 ****61.25

40052034



02272007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0694452

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENSON, MARK R
12650 WHITEHALL DR
FT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name Vandall, Bonita D
Street Address (P.O. Box Number is Not Acceptable)
12650 Whitehall Dr.
City Fort Myers FL Zip Code 33907

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 Bonita D. Vandall BONITA D. VANDALL 3-5-07
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	<u>RD</u>	<input type="checkbox"/> Delete
NAME	SMITH, KIRBY	
STREET ADDRESS	14813 LAGUNA DRIVE #B502	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	<u>VP</u>	<input type="checkbox"/> Delete
NAME	NATALE, CARL	
STREET ADDRESS	14811 LAGUNA DR #A402	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	<u>VP</u>	<input type="checkbox"/> Delete
NAME	KLEIN, HENRY	
STREET ADDRESS	14811 LAGUNA DR #A201	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	<u>Sec.</u>	<input type="checkbox"/> Delete
NAME	SALTZMAN, MURRAY	
STREET ADDRESS	14813 LAGUNA DR #B401	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	<u>D</u>	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, STANLEY	
STREET ADDRESS	14811 LAGUNA DR #A101	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<u>PD</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALE, Carl	
STREET ADDRESS	14811 Laguna Dr. #602	
CITY-ST-ZIP	Fort Myers, FL 33908	
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	<u>TD</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Echols, Ed.	
STREET ADDRESS	14813 Laguna Dr A-202	
CITY-ST-ZIP	FT. Myers FL 33908	
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 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: Carl Natale CARL NATALE 3-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #