

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90028 036 \*\*\*\*70.00

40045239



01292008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3428049**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FALK, STEVEN M  
850 PARK SHORE DRIVE THIRD FLOOR  
NAPLES, FL 34103

## 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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	SANG, DONALD	
STREET ADDRESS	7425 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WERNIG, RAY	
STREET ADDRESS	7425 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEITCH, BETTY	
STREET ADDRESS	7425 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MALONE, ED	
STREET ADDRESS	7425 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARROLL, JIM	
STREET ADDRESS	7425 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTUR TARLOW	
STREET ADDRESS	7425 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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 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 #

3/6/08 (239) 593-2300