

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90359 003 ****61.25

40033740



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0797070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAGER, KENNETH O
C/O CAPITAL PROPERTIES GRP., INC.
3364 CLEVELAND AVE.
FORT MYERS, FL 33901

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, 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	<input checked="" type="checkbox"/> Delete
NAME	STARRS, CHARLIE	
STREET ADDRESS	20581 COUNTRY CREEK DRIVE	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIF, DONALD	
STREET ADDRESS	9711 WILLOW WAY	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANLEY, TOM	
STREET ADDRESS	9745 WILLOW WAY	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	T	<input type="checkbox"/> Delete
NAME	EBLE, WILLIAM	
STREET ADDRESS	20591 COUNTRY CREEK DR.	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC/TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FICHTER, VIRGINIA	
STREET ADDRESS	9747 WILLOW WAY	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUENTE, FRANK	
STREET ADDRESS	9749 WILLOW WAY	
CITY-ST-ZIP	ESTERO, FL 33928	

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:

Virginia Fichter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/107 481-1414