

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006982

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** THE HILLMYER-TREMONT STUDENT ATHLETE FOUNDATION, INC.

**Current Principal Place of Business:**

10481 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-0803239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STROEMER & COMPANY, PA  
14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HILLMYER, BARRY  
Address: 10481 SIX MILE CYPRESS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

Title: T/D  
Name: STROEMER, JOHN H CPA  
Address: 14030 METROPOLIS AVE, STE 200  
City-St-Zip: FORT MYERS, FL 33912

Title: PD  
Name: MCMURRAY, DARREN  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FORT MYERS, FL 33912

Title: C  
Name: CRIMALDI, SAM B  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: WILES, MARK  
Address: 7851 SUPPLY DRIVE  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN STROEMER

TREA

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date